

CARES Emergency Contact/Parent Consent Form

Please complete and return ONE form for EACH child enrolled in CARES.

Child's Name _____ Birth Date _____

Male _____ Female _____

Parent Contact Information:

Mother's Phone: Home _____ Work _____ Cell _____

Father's Phone: Home _____ Work _____ Cell _____

Emergency Contact Information:

Name of Contact _____ Relationship _____

Address: _____

City/State/Zip: _____

Phone Number when Child is in CARES _____

Name of Child's Medical Care Provider: _____ Phone _____

Address: _____

City/State/Zip: _____

Special Medical Conditions (if any) _____

Allergies (including medications) _____

Additional Information _____

Parent's Signature is required for each item below to indicate parental consent.

I give consent for my child to obtain medical care in an emergency situation.

Parent's Signature _____

I give consent for first aid to be administered to my child in the event of a minor injury.

Parent's Signature _____

You will be charged the hourly rate according to CARES handbook.

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