

Emergency Contact/Parental Consent Form

Employee Name: _____

Emergency Contact Information

Contact 1

Name: _____ Relationship: _____

Address: _____

Contact Phone Number: _____ Alternative Phone Number: _____

Contact 2

Name: _____ Relationship: _____

Address: _____

Contact Phone Number: _____ Alternative Phone Number: _____

In the unlikely event of a medical emergency, I hereby authorize and grant permission for my child to receive medical attention. If immediate medical attention, observation and/or treatment are required, I hereby authorize and direct that my child be sent to a hospital or medical facility for medical care. In the event of a minor injury, I hereby authorize licensed medical personnel to dispense appropriate over-the-counter medications, such as Tylenol, Motrin, or Ibuprofen, as a first aid treatment measure. Please indicate below if there is an over-the-counter medication that you would prefer.

Parent/Legal Guardian
(For workers under the age of 18)

Signature: _____ Date: _____

Phone Number: _____