

# PARENTAL CONSENT AND CONTACT FORM

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This form is to be completed and signed by the child's parent or legal guardian. The signature of the parent or legal guardian indicates permission for the babysitter to follow and act in accordance with these instructions.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Condition(s) of Concern:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signs and/or Symptom(s) to Watch for:

\_\_\_\_\_

\_\_\_\_\_

List the Child's Medications, Prescription and Over-the-Counter:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

How Given: \_\_\_\_\_ When Given: \_\_\_\_\_

Special Instructions (to be taken with, etc.): \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

How Given: \_\_\_\_\_ When Given: \_\_\_\_\_

Special Instructions (to be taken with, etc.): \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_



Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

How Given: \_\_\_\_\_ When Given: \_\_\_\_\_

Special Instructions (to be taken with, etc.): \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

*I give permission for \_\_\_\_\_  
("Babysitter") to administer medicine(s) to the child named above in  
the manner described above.*

*Further, I give my permission to the Babysitter to provide basic first  
aid for the child named above and to take the appropriate measures  
including contacting the emergency medical services (EMS) system  
and arranging for transportation to \_\_\_\_\_  
\_\_\_\_\_ or the nearest medical facility to  
receive the appropriate level of care as determined by qualified med-  
ical professionals.*

*In the event the child named above is injured or ill, I understand that  
the Babysitter will attempt to contact me, the other parent or legal  
guardian at the contact numbers listed below.*

Parent/Legal Guardian's Name: \_\_\_\_\_

Contact Numbers \_\_\_\_\_ on \_\_\_\_\_ (hours/days)

\_\_\_\_\_ on \_\_\_\_\_ (hours/days)

\_\_\_\_\_ on \_\_\_\_\_ (hours/days)

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Signature

Date

