Parental CONSENT AND CONTACT FORM

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. Use a separate form for each child.

Name of child:	
Age:	
Weight:	
Date of birth:	

Medical condition(s) of concern:

Allergies to medications:

Signal(s) to watch for:

List the child's prescription and over-the-counter medications. Be sure to include all medications; this will assist emergency medical services (EMS) personnel in the event of an emergency.

	Dose	How Given	When Given	Special Instructions (e.g., to be taken with water or food)	Possible Side Effects
Medication:					
Medication:					
Medication:					

I give permission for _________ (Babysitter) to administer medicine(s) to __________ (Child) in the manner described and to give basic first aid to the child named above and take the appropriate action including contacting emergency medical services (EMS) personnel. I give my permission to the Babysitter to contact EMS personnel and arrange for transportation to ________ or the nearest appropriate medical facility to receive the appropriate level of care as determined by qualified medical professionals. Further, I give permission to the appropriate medical facility to treat my child in the event of an emergency. 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 or the person I have designated to make decisions if I cannot be reached using the contact numbers listed below.

Contact Numbers		on	_(hours/days)				
		on	_(hours/days)				
		on	_(hours/days)				
Parent's/Legal Guardian's Name: Name and phone number of an adult who can make decisions if the parent cannot be reached:							
Contact Numbers		on	_(hours/days)				
		on	_(hours/days)				
		on	_(hours/days)				
Parent/Legal Guardiar	n Signature	Date					