



# REACH-Kids Playgroup

At Rolling Fields Baptist Church  
1858 E. 8<sup>th</sup> Street  
Jeffersonville, IN 47130

## Emergency Consent and Contact Form

This form is to be completed by the child's parent or legal guardian.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

In the event the above-named child is injured or ill, I \_\_\_\_\_,  
Understand the REACH-Kids Childcare Coordinator or childcare staff will attempt to contact me or the other  
parent/guardian at the telephone number(s) listed below.

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

Emergency Telephone Number: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Emergency Telephone Number: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

In the event that I or others listed are not available, I give my permission to the REACH-Kids Childcare Coordinator and/or childcare staff to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arrange for transportation to \_\_\_\_\_ or the nearest emergency medical facility. At no time will the REACH-Kids Childcare Coordinator or a childcare staff drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

I acknowledge that I have read and understand the procedures written above.

\_\_\_\_\_  
Parent/Legal Guardian (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian (Signature)

\_\_\_\_\_  
Date