

PARENTAL CONSENT AND INFORMATION FORM

Please delete as appropriate:

- I agree to my children being cared for in my absence by my Home-Start volunteer.
- I agree to my children taking part in outings accompanied by my Home-Start volunteer.
- I agree to my children being transported in my Home-Start volunteer's car.
- I give permission for my Home-Start volunteer to seek medical attention for my children in an emergency.

Please complete the following information (if there are more than 4 children please continue on reverse):

	Child 1	Child 2	Child 3	Child 4
Name				
Date of birth				
Name and phone number of doctor				
Any allergies or medical info				

PLEASE ENSURE YOU COMPLETE THE REVERSE OF THIS FORM

Date or regular day	
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Emergency contact number for parents	
Whereabouts of parents	
Estimated time of absence	
Additional emergency contact names & numbers (at least one other than the parents must be listed)	
Any specific instructions regarding the care of the child/children	

Signed..... Printed.....
Date.....

Relationship to children.....

When completed and signed please return to the Home-Start office.