

**PARENTS' DAY OUT INFORMATION FORM**

Date \_\_\_\_\_

Boy \_\_\_\_\_

Girl \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

In the event of an emergency, I understand that Parents' Day Out will attempt to contact me or the other parent at the telephone number provided below.

Parent's/Guardian's Name \_\_\_\_\_ Home No. \_\_\_\_\_

Work Name & Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Hours/Days of Employment \_\_\_\_\_ Work No. \_\_\_\_\_

Email Address \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Home No. \_\_\_\_\_

Work Name & Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Hours/Days of Employment \_\_\_\_\_ Work No. \_\_\_\_\_

Other emergency numbers and authorized persons to take child from Parents' Day Out:

1. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

I understand my child will not be accepted for care when ill. In the event a parent cannot be reached, I give my permission for Parents' Day Out to seek appropriate emergency medical treatment for the above named child(ren).

Parent's Signature \_\_\_\_\_

Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Does the child have any allergies or chronic illnesses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is child toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Siblings Names and Ages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other comments regarding child's behavior or personality: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_