



Hand in Hand
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Parental Emergency Consent Form

Child's Name _____ Date of Birth _____

Parents/ Guardians/ Custodians With Whom the Child Resides:

Name _____ Relationship to Child _____

Address _____

Street

City/ State

Zip

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Name _____ Relationship to Child _____

Address _____

Street

City/ State

Zip

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Persons to Contact in Case of an Emergency if Parents are Unavailable:

Name _____ Relationship to Child _____

Phone _____ Cell Phone _____

Name _____ Relationship to Child _____

Phone _____ Cell Phone _____

In the event that my child would require medical or surgical care while I am unable to be reached, I hereby give consent for medical care to the following doctor:

Child's Doctor _____ Phone _____

Address _____

Street

City/ State

Zip

Hospital _____

In the event that my child would require dental care or dental surgical care while I am unable to be reached, I hereby give consent for medical care to the following dentist:

Child's Dentist _____ Phone _____

Address _____

Street

City/ State

Zip

Hospital _____

Insurance Information:

Insurance Company _____ Policy # _____

Medical Information:

Allergies: _____

Current Medications: _____

Last Tetanus _____ Religious Preference _____

This consent will be in effect for one year from the date signed:

Signature of Parent _____

Date _____

Hand in Hand is a non-profit organization that assists families with special needs. We exist to expand the capabilities, confidence and quality of life for children and young adults of all abilities by providing programs designed to encourage fun, learning and social interaction in a positive environment.