**Emergency Contacts**

Please contact the following people in case of emergency or if different care arrangements are needed.

|  |  |
| --- | --- |
| Name | |
| Address City State Zip code | |
| Phone number (home) | Phone number (work) |

|  |  |
| --- | --- |
| Name | |
| Address City State Zip code | |
| Phone number (home) | Phone number (work) |

**Parent/Guardian Permissions**

I grant the child/children named below the following permissions:

|  |  |  |
| --- | --- | --- |
| Yes  No | To participate in water activities. The water activities include the use of swimming pools and wading pools. | |
| Yes  No | To be transported by the provider when applicable. | |
| Child’s Name  Child’s Age | | Child’s Name  Child’s Age |
| Child’s Name  Child’s Age | | Child’s Name  Child’s Age |
|  | | |
| Parent/Guardian Signature Date | | |
| Parent/Guardian Name | | |
| Address City State Zip code | | |
| Phone number (home) | | Phone number (work) |