**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)      |