

Emergency Contact/Parental Consent Form

55 PA CODE CHAPTERS 3270.124 (a)(b), 3270.181 and .182; 3280.124 (a)(b), 3280.181 and .182; 3290.124 (a)(b), 3290.181 and .182

CHILD'S NAME:	BIRTH DATE:
ADDRESS:	
MOTHER'S NAME/LEGAL GUARDIAN:	HOME TELEPHONE NUMBER:
ADDRESS:	
PLACE OF EMPLOYMENT	WORK TELEPHONE NUMBER:
ADDRESS:	
FATHER'S NAME/LEGAL GUARDIAN:	HOME TELEPHONE NUMBER:
ADDRESS:	
PLACE OF EMPLOYMENT	WORK TELEPHONE NUMBER:
ADDRESS:	

MARITAL STATUS OF PARENTS AND CAREGIVERS

Married:	Single Parent or Caregiver:	
Living Together:	Living Separately:	
Separated:	Divorced:	
How Long?	How Long?	
Stepfather:(Name)	Stepmother:(Name)	
How Long?	How Long?	
Custody/Visitation Arrangements:(Please attach a copy of custody agreement)		
Is this child Adopted?	Age at time of Adoption:	Does the child know he/she is adopted?
Remarks:		

EMERGENCY CONTACT PERSON(S)

NAME	ADDRESS	TELEPHONE NUMBER(S) WHEN CHILD IS IN CARE

PERSON(S) TO WHOM A CHILD MAY BE RELEASED *

NAME	ADDRESS	TELEPHONE NUMBER(S) WHEN CHILD IS IN CARE

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55 PA CODE CHAPTERS 3270.124 (a)(b), 3270.181 and .182: 3280.124 (a)(b), 3280.181 and .182: 3290.124 (a)(b), 3290.181 and .182

NAME OF PHYSICIAN/MEDICAL CARE PROVIDER:	TELEPHONE NUMBER:
ADDRESS:	
SPECIAL DISABILITIES (IF ANY)	
ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	
MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEED OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER(REQUIRED)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT
OBTAINING EMERGENCY MEDICAL CARE:
ADMIN. OF MINOR FIRST - AID PROCEDURES:
WALKS AROUND THE RIVERVIEW CHRISTIAN EARLY LEARNING CENTER:
TRANSPORTATION BY THE FACILITY (ONLY IN CASE OF AN EMERGENCY EVACUATION):

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN AT TIME OF ENROLLMENT

DATE:

SIGNATURE OF PARENT OR GUARDIAN AT 6 MONTH REVIEW

DATE:

Revised June 2008