

# 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  
All information given will remain confidential

<b>CHILD'S NAME:</b>	<b>BIRTH DATE:</b>
ADDRESS, CITY, ZIP CODE:	
SCHOOL DISTRICT:	
<i>PLEASE INDICATE THE ORDER IN WHICH PERSONS SHOULD BE CONTACTED IN CASE OF ILLNESS OR INJURY</i>	
<b>MOTHER'S NAME/LEGAL GUARDIAN:</b>	<b>HOME TELEPHONE NUMBER:</b>
ADDRESS:	CELL PHONE
CITY, ZIP CODE:	
PLACE OF EMPLOYMENT:	<b>WORK TELEPHONE NUMBER:</b>
ADDRESS:	
CITY, ZIP CODE:	
<b>FATHER'S NAME/LEGAL GUARDIAN:</b>	<b>HOME TELEPHONE NUMBER:</b>
ADDRESS:	CELL PHONE
CITY, ZIP CODE:	
PLACE OF EMPLOYMENT:	<b>WORK TEMEPHONE NUMBER:</b>
ADDRESS:	
CITY, ZIP CODE:	

## PERSONS TO WHOM CHILD MAY BE RELEASED OTHER THAN GUARDIAN LISTED ABOVE

<b>NAME &amp; RELATIONSHIP TO CHILD:</b>	<b>HOME TELEPHONE NUMBER:</b>
ADDRESS:	CELL PHONE
CITY, ZIP CODE:	
<b>NAME &amp; RELATIONSHIP TO CHILD:</b>	<b>HOME TELEPHONE NUMBER:</b>
ADDRESS:	CELL PHONE
CITY, ZIP CODE:	
<b>NAME &amp; RELATIONSHIP TO CHILD:</b>	<b>HOME TELEPHONE NUMBER:</b>
ADDRESS:	CELL PHONE
CITY, ZIP CODE:	
<b>NAME &amp; RELATIONSHIP TO CHILD:</b>	<b>HOME TELEPHONE NUMBER:</b>
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CURRENT STATUS OF HOUSEHOLD (please indicate most accurate description)			
Parents Married	Parents Separated	Parents Divorced	Single Parent/Caregiver
Custody/Visitation Arrangements:(Please attach a copy of custody agreement)			
Is this child adopted?	Age at time of Adoption:	Does this child know he/she is adopted?	
<b>OTHER PERSONS LIVING IN HOUSEHOLD WITH CHILD:</b>			
<b>REMARKS:</b>			

<b>NAME OF PHYSICIAN/MEDICAL CARE PROVIDER:</b>	<b>TELEPHONE NUMBER:</b>
ADDRESS:	
CITY, ZIP CODE:	
SPECIAL DISABILITIES (IF ANY):	
ALLERGIES (INCLUDING MEDICATION REACTIONS):	
SPECIAL MEDICAL CONDITIONS or DIETARY INFORMATION:	
MEDICATIONS:	
HEALTH INSURANCE COVERAGE or MEDICAL ASSISTANCE BENEFITS:	POLICY NUMBER (REQUIRED)

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

## PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARIDAN AT TIME OF ENROLLMENT

DATE:

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SIGNATURE OF PARENT OR GUARDIAN AT 6 MONTH REVIEW

DATE:

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September 2011

