



THE ART OF PLAY EARLY LEARNING  
ACADEMY

**Child/Family Information**  
**Emergency Contact Information**  
**Medical Information**  
**Consent**

**Required By PA DHS Child Care Regulation § 3290.124**

**§ 3290.124. Emergency contact information.**

- (a) Emergency contact information shall be present in a child care facility for each enrolled child. Emergency contact information must reference who shall be contacted in an emergency.
- (b) Emergency contact information must include the following:
- (1) The name and birth date of the child.
  - (2) The name, address and telephone number of the child's source of medical care.
  - (3) The home and work addresses and home and work telephone numbers of the enrolling parent.
  - (4) A written consent signed by a parent for emergency medical care.
  - (5) Information on the child's special needs, as specified by the child's parent, physician, physician's assistant or CRNP, which is needed in an emergency situation.
  - (6) Health insurance coverage and policy number for the child under a family policy or Medical Assistance (MA) benefits, if applicable.
  - (7) The name, address and telephone number of the individual designated by the parent to whom the child may be released.
- (c) When children leave the facility on walking and riding excursions, emergency contact information specific to each child on the excursion shall accompany a staff person on the excursion.
- (d) A written plan shall be conspicuously posted which identifies the means of transporting a child to emergency care and the facility staffing provisions in the event of an emergency. The plan must accompany a staff person who leaves the facility on an excursion with children.
- (e) Emergency contact information shall be updated in writing by the parent once in a 6-month period or as soon as there is a change in the information.

**Authority**

The provisions of this § 3290.124 amended under Articles IX and X of the Public Welfare Code (62 P. S. § § 901—922 and 1001—1087).

**Source**

The provisions of this § 3290.124 amended May 23, 2008, effective September 22, 2008, 38 Pa.B. 2437. Immediately preceding text appears at serial page (312159).

**Cross References**

This section cited in 55 Pa. Code § 3290.122 (relating to admission interview); and 55 Pa. Code § 3290.123 (relating to agreement).

# Family Information

<b>Child's Name:</b>	<b>Birthday:</b>
<b>Child's Address:</b>	
<b>Mother's (or legal guardian's) Name:</b>	<b>Mother's Cell Number:</b>
<b>Mother's (or legal guardian's) Home Address:</b>	
<b>Mother's (or legal guardian's) Business Name, Address, and Phone Number:</b>	
<b>Father's (or legal guardian's) Name:</b>	<b>Father's Cell Number:</b>
<b>Father's (or legal guardian's) Home Address:</b>	
<b>Father's (or legal guardian's) Business Name, Address, and Phone Number:</b>	

**Please List Any Special Custody Agreements, Court Orders, or Important Information:  
(Documentation of court orders is required):**

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## Emergency Contacts

<b>Emergency Contact's Full Name:</b>	<b>Full Address:</b>	<b>Best Contact Number</b>	<b>Mark "YES" if Child May Be Released To This Person .Write "NO" I They May Not Be released</b>

**Please List Any Important Information:**

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## Medical Information

Name of Child's Physician and Address:	Physician's Contact Number:
<p>I <b>DO</b> / <b>DO NOT</b> (circle one) give The Art of Play Early Learning Academy my consent to contact my child's physician with any medical questions related to their care:</p> <p>Parent's Signature: _____</p>	
<b>Child's Special Needs. Including but not limited to disabilities, medical, dietary, allergies, emotional, behavioral, or psychological.</b>	<b>Information about child's special needs. Including but not limited to disabilities, medical, dietary, allergies, emotional, behavioral, or psychological.</b>
1.	1.
2.	2.
Child's Health Insurance Carrier:	Child's Health Insurance Policy Number:

**Please List Any Important Information:**

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I understand that withholding any medical information that affects my child, the children at The Art of Play, or the teachers will result in immediate termination

Parent (or guardian) signature of understanding: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent

Please sign under each section to give consent or mark "NO" in the box if you DO NOT give consent.

<b>Obtaining Emergency Medical Care</b>	<b>Administering Minor First Aid</b>
<b>Walking Trips</b>	<b>Administering CPR</b>
<b>Transportation by Vehicle Only With Prior Permission</b>	<b>The Use of An AED Machine In An Emergency</b>
<b>Use of The Art of Play's Car Seats</b>	<b>To administer medication (prescription or nonprescription) with a doctors note.</b>
<b>For Kristina LeBeau to Install A Car Seat For Your Child For Transportation by Vehicle</b>	<b>Water Play, Including Swimming or Wading, while adhering to PA DHS Child Care Regulation "§ 3290.115. Water activity"</b>
<b>For Emergency Substitute to Supervise My Child If Needed</b>	<b>For Regular Substitute To Supervise My Child If Needed</b>

# Signature

I, \_\_\_\_\_,

the parent (guardian) of \_\_\_\_\_

have filled out this form **entirely** and to the best of my knowledge. I understand that this form must be filled out in full for admission and updated every **six months** as per PA DHS Child Care Regulation § 3290.124. "Emergency contact information shall be updated in writing by the parent once in a 6-month period or as soon as there is a change in the information". Failure to do so will result in refusal of care and nonrefundable tuition. Noncompliance will result in immediate termination of care.

Parent Guardian Signature	Date of Review

(Additional Signature Pages May Be Attached If No Changes Have Occurred)