

EMERGENCY CONTACT and CONSENT FOR RELEASE FORM

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

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

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| NAME: | RELATIONSHIP TO CHILD: | HOME TELEPHONE NUMBER: |
| ADDRESS: | | CELL PHONE: |
| CITY, ZIP CODE: | | |
| NAME: | RELATIONSHIP TO CHILD: | HOME TELEPHONE NUMBER: |
| ADDRESS: | | CELL PHONE: |
| CITY, ZIP CODE: | | |
| NAME: | RELATIONSHIP TO CHILD: | HOME TELEPHONE NUMBER: |
| ADDRESS: | | CELL PHONE: |
| CITY, ZIP CODE: | | |
| NAME: | RELATIONSHIP TO CHILD: | HOME TELEPHONE NUMBER: |
| ADDRESS: | | CELL PHONE: |
| CITY, ZIP CODE: | | |

Continued on back

| 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? | |
| OTHER PERSONS LIVING IN HOUSEHOLD WITH CHILD: | | | |
| REMARKS: | | | |

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|---|--------------------------|
| NAME OF PHYSICIAN/MEDICAL CARE PROVIDER: | TELEPHONE NUMBER: |
| 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) |

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| 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 THE EVENT 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:

_____ / _____ / _____

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

