

PROVIDENCE MONTESSORI SCHOOL HOUSE

EMERGENCY CONTACT/PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290. 181 & 182

PLEASE COMPLETE EACH FIELD BELOW. USE THE TAB BUTTON TO MOVE TO THE NEXT FIELD.

CHILD'S NAME		BIRTHDATE (m/d/yyyy)
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		TELEPHONE NUMBER () -
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER ()
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		TELEPHONE NUMBER () -
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER ()
ADDRESS		
EMERGENCY CONTACT PERSON(S): NAME		TELEPHONE NUMBER WHEN CHILD IS IN CARE: () -
		() -
		() -
PERSON(S) TO WHOM CHILD MAY BE RELEASED: NAME		TELEPHONE NUMBER WHEN CHILD IS IN CARE: () -
ADDRESS		() -
		() -
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER () -
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	ALLERGIES (INCLUDING MEDICATION REACTION)	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	MEDICATION, SPECIAL CONDITIONS	
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)	

PARENTAL CONSENT IS REQUIRED FOR EACH ITEM BELOW. PLEASE PRINT THIS FORM AND INITIAL EACH ITEM.

_____ OBTAINING EMERGENCY MEDICAL CARE	_____ TRANSPORTATION BY THE FACILITY	_____ SWIMMING
_____ ADMIN. OF MINOR FIRST-AID PROCEDURES	_____ WALKS AND TRIPS	_____ WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE _____

SIGNATURE OF PARENT or GUARDIAN

DATE _____