

EMERGENCY CONTACT and CONSENT FOR RELEASE FORM

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

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:		

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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?	
OTHER PERSONS LIVING IN HOUSEHOLD WITH CHILD:			
REMARKS:			

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)

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):
SWIMMING & WADING (SCHOOL-AGE ONLY)

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

