

EMERGENCY CONTACT and CONSENT FOR RELEASE FORM

All fields MUST be completed. Please mark "N/A" if it does not apply to your child.	
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:	CELL PHONE:
ADDRESS:	HOME TELEPHONE NUMBER:
CITY, ZIP CODE:	
PLACE OF EMPLOYMENT:	WORK TELEPHONE NUMBER:
ADDRESS:	
CITY, ZIP CODE:	
FATHER'S NAME/LEGAL GUARDIAN:	CELL PHONE:
ADDRESS:	HOME TELEPHONE NUMBER:
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:	CELL PHONE:
ADDRESS:		HOME TELEPHONE NUMBER:
CITY, ZIP CODE:		
NAME:	RELATIONSHIP TO CHILD:	CELL PHONE:
ADDRESS:		HOME TELEPHONE NUMBER:
CITY, ZIP CODE:		
NAME:	RELATIONSHIP TO CHILD:	CELL PHONE:
ADDRESS:		HOME TELEPHONE NUMBER:
CITY, ZIP CODE:		
NAME:	RELATIONSHIP TO CHILD:	CELL PHONE:
ADDRESS:		HOME TELEPHONE NUMBER:
CITY, ZIP CODE:		

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CURRENT STATUS OF HOUSEHOLD (please indicate most accurate description)				
<input type="checkbox"/> Parents Together/Not Married	<input type="checkbox"/> Parents Married	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Single Parent/Caregiver
Custody/Visitation Arrangements:(Please attach a copy of custody agreement)				
Is this child <input type="checkbox"/> adopted? or <input type="checkbox"/> fostered?	Age at time of Adoption: _____	Does this child know he/she is adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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):	

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



Office Use Only		
Procure	___/___/___	by:
Tadpoles	___/___/___	by:
Classroom	___/___/___	by: