

St Paul's Nursery School and Daycare Emergency Contact and 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

Child's Name: _____ Birthdate: _____

Address: _____

Parent/Guardian Name: _____

Address City, State, Zipcode: _____

Telephone: Home _____ Work _____ Cell Phone _____

Parent/Guardian Name: _____

Address City, State, Zipcode: _____

Telephone: Home _____ Work _____ Cell Phone _____

Emergency Contacts (PERSONS TO WHOM YOUR CHILD MAY BE RELEASED WHEN PARENTS CANNOT BE REACHED)

Name #1: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell Phone _____

Name #2: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell Phone _____

Name #3: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell Phone _____

Child's Primary Medical Care

Physician's Name: _____ Phone #: _____

Address: _____

Child's Health

Insurance

Name of Insurance Plan: _____

Certificate Number (or ID) #: _____ Group #: _____

Policy Holder's Name: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

Parent/Legal Guardian signature is required for each item below to indicate Consent

Obtaining Emergency Medical Care _____ Administration of minor First Aid _____

Walks and Trips _____ Wading _____

Beginning of School Year

Parent/Guardian Signature: _____ Date: _____

Periodic Review

Parent/Guardian Signature: _____ Date: _____