

## INSTRUCTIONS FOR FILLING OUT EMERGENCY CONTACT FORM DUE NO LATER THAN THE FIRST DAY OF CLASS

Dear Parent,

The Emergency Contact form is one of the forms that DHS requires for our State Inspection. Although it is a fairly simple and straight forward form it does have areas that can be confusing especially if they do not pertain to your child or family. Every area on this form must be filled in whether it pertains to your child or not.

Please fill in the top areas with the necessary information regarding your child and the parent information. State regulations mandates that we must have addresses and phone numbers for all areas in this section. Failure to have these will result in a citation to Preschool. **These areas are underlined in yellow.**

Please list the emergency contact person area with the **name and phone number of those people.** If necessary please attach additional paper to the form if you have more than three people. Fill in the people to whom your child can be released. If a person comes to pick your child up and they are not listed your child will not be released to them. Again if necessary please use additional paper and attach to the form. State regulations mandates that we must have their names, phone numbers and addresses for the people who your child can be released to. Failure to have these will result in a citation to the Preschool. **These areas are underlined in green.**

Please make sure to fill out your child's doctor's name, address and phone number. Under that area are five sections that pertain to health or disabilities. (Special Disabilities (If Any), Medical or Dietary Information, Additional information on Special Needs of Child, Allergies, Medication. If these areas pertain to your child please complete them with the necessary information requested. If they do not pertain to your child please either put N/A or a line through that area. Please make sure that your fill in your Health Insurance Company's name and your policy number. Failure to complete this area completely will result in a citation to the Preschool. **These areas are underlined in pink.**

The last section of the form requires either a signature if the child can receive the service or a line or NA if you do not want the services that are offered. **Obtaining Emergency Medical Care**, signing this area indicates that we can seek emergency care for your child, such as an ambulance or other medical treatment. **Admin Of Minor First Aid** – your signature indicates that we can treat your child with a bandage, ice pack etc. for minor injuries. If you do not sign these two areas we cannot treat your child if they would be injured. The following areas need either your signature or a line through them or NA **Walks and trips** – we do take walks on the church grounds. If you do not sign this area your child cannot go on these walks. We do not transport children to off-site field trips. **Transportation by the Facility** – signing this allows the staff of St. Paul's Preschool to have your child transported to a medical facility if they are injured. We will not transport a child to any other place but a doctor's office, dentist office or hospital. Please put N/A or a line through the swimming and wading areas as we do not have swimming or wading during the regular preschool year. Failure to complete this area completely will result in a citation to the Preschool. **These areas are underlined in blue.**

At the bottom of the form, please sign and date only on the first signature line (purple highlighted). **This signature area is highlighted in orange.** *The second signature line is for your signature upon the six month review of this form which will be at your first Parent/Teacher Conference of the year.*

As you can see the State of Pennsylvania is very strict about this form and will cite the Preschool if the form is not completely and correctly filled out.

Please remember that this form must be received by the first day of class in order for your child to be able to start school. Thank you for your help.

# 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

CHILD'S NAME		BIRTH DATE	
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
<b>EMERGENCY CONTACT PERSON(S)</b>		<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>		<b>NAME</b>	<b>ADDRESS</b>
			<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE