

# BOYERTOWN PRE-K COUNTS 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

<b>CHILD'S NAME</b>			<b>BIRTHDATE</b>	
ADDRESS				
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>			HOME TELEPHONE NUMBER	
ADDRESS				
BUSINESS NAME			BUSINESS TELEPHONE NUMBER	
ADDRESS				
<b>FATHER'S NAME/LEGAL GUARDIAN</b>			HOME TELEPHONE NUMBER	
ADDRESS				
BUSINESS NAME			BUSINESS TELEPHONE NUMBER	
ADDRESS				
<b>EMERGENCY CONTACT 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>EMERGENCY CONTACT 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>			TELEPHONE NUMBER	
ADDRESS				
SPECIAL DISABILITIES (IF ANY)			ALLERGIES (INCLUDING MEDICATION REACTION)	
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>PARENT'S 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				
TRANSPORTATION BY THE FACILITY				

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE