

Date:

# Day Care/School Plus

Christ United Methodist Church Child Care Center  
44 Highland Road ~ Bethel Park, PA 15102 412-854-4310

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

Child's Name: First name child is usually called:		Birthdate: Sex:	
Address:		City:	Zip Code:
Mother's Name/Legal Guardian:		Home Phone:	Cell Phone:
		Email	
Address:		City:	Zip Code:
Business Name:		Bus. Phone: (    )	
Address:		City:	Zip Code:
Father's Name/Legal Guardian:		Home Phone:	Cell Phone:
		Email	
Address:		City:	Zip Code:
Business Name:		Bus. Phone: (    )	
Address:		City:	Zip Code:
<b>Emergency Contact Person(s) while child is in care (in addition to parents)</b>			<b>Pick Up</b>
Name	Address	Phone Number	Yes No
		(    )	
		(    )	
		(    )	
		(    )	
		(    )	
Name of Child's Physician/Medical Care Provider:		Phone Number: (    )	
Address:		City:	Zip Code:
Health insurance coverage for child or medical assistance benefits.		<b>Policy Number (required)</b>	

**OVER PLEASE** =====

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:
Parental consent for administration of ___Nox-A-Sting (Please Check)
Parent's Signature: _____

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
Obtaining Emergency Medical Care	Administering of Minor First-Aid Procedures
Walks and Trips	Transportation by the Facility
<p><b>PHOTOGRAPH PERMISSION:</b> From time to time, pictures of student activities or special occasions are taken at the Center. These pictures almost always include children here at the Center. <b>Sometimes the resulting pictures are sent to newspapers or other media including Center and Church materials for publication and web site.</b> Please indicate below if you ARE or you ARE NOT giving your permission.</p> <p>___ YES A photograph that includes my child(ren) MAY be used.</p> <p>___ NO A photograph that includes my child(ren) MAY NOT be used.</p>	

In case of a medical emergency when I (or my designated relative or friend) cannot be reached immediately, the Director of the Child Care Center has my permission to provide the necessary medical attention to ensure the physical well-being of my child: \_\_\_\_\_ (name). Should this attention include calling emergency medical assistance (i.e., ambulance, paramedics, etc.), I understand that these attendant costs will be paid by me.

\_\_\_\_\_  
Parent's Signature

PERIODIC REVIEW - Signature and date are required.