

CHILD'S NAME

FOOTPRINTS IN THE SAND DAYCARE



BIRTHDATE

EMERGENCY CONTACT/PARENTAL CONSENT FORM

55 PA CODE CHAAPTERS 3270.124 (a) (b); 3270.181 & 182; 3280 124 (a) (b) & 182; 3290 124 (a) (b); 3290.181 & 182 All Areas must be filled in

ADDRESS			SCHOOL DISTRICT		
MOTHER'S NAME/LEGAL GUARDIAN			HOME PHONE NUMBER		
HOME ADDRESS			CELL PHONE NUMBER		
BUSINESS NAME			WORK PHONE NUMBER		
WORK ADDRESS					
EMAIL ADDRESS					
FATHER'S NAME/LEGA	AL GUARDIAN	HOME PHONE NUMBER			
HOME ADDRESS			CELL PHONE NUMBER		
BUSINESS NAME			WORK PHONE NUMBER		
WORK ADDRESS					
EMAIL ADDRESS					
EMERGENCY CONTA	CT PERSON(S) (Parents do n	tion) BER WHEN CHILD IS IN CARE			
1.			TELETIONE TO MEET WHEN CHIEF IS IN COME		
2.					
3.					
		L			
	M CHILD MAY BE RELEASED	(address and phone numb			
NAME 1.	ADDRESS		TELEPHONE NUMBER WHEN CHILD IS IN CARE		
2.					
3.					
4.					
5.					
6.					

MUST BE COMPLETED IN FULL (INCLUDING HIGHLIGHTED AREAS)

NAME OF CHILD DIVICIOLAN/MEDICAL C	TEL EDIL	ONIE NIUMBED						
NAME OF CHIL'S PHYSICIAN/MEDICAL C	TELEPHONE NUMBER							
ADDRESS								
SPECIAL DISABILITIES (IF ANY) If none, please ✓ mark N/A								
ALLERGIES (INCLUDING MEDICATION REACTION) If none, please \checkmark mark N/A								
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION If none, please ✓ mark N/A ☐								
MEDICATION SPECIAL CONDITIONS If none, please ✓ mark N/A □								
ADDITIONAL INFORMATION OR SPECIAL NEEDS OF CHILD <i>If none, please</i> ✓ <i>mark N/A</i> □								
HEALTH INSURANCE COVERAGE FOR CI ASSISTANCE BENEFITS (<u>REQUIRED</u>)	POLICY	OLICY NUMBER (<u>REQUIRED</u>)						
DADENT'S SIGNATURE IS DEQU	DED EOD EACH H	rem dei Awa	TO INDIC	TE DADENTAL CONCCENT				
PARENT'S SIGNATURE IS REQUIOBTAINING EMERGENCY MEDICAL CAR				INOR FIRST AID PROCEDURES				
WALKS AND TRIPS (N/A BEYOND DAYCARE PREMISES)		SWIMMING N/A						
TRANSPORTATION BY THE FACILITY N/A		WADING N/A						
PURPOSES ONLY G			OTOGRAPHED FOR CLOSED FACEBOOK PAGE TO VIEW ROUP ACTIVITIES see initial					
FOOTPRINTS IN THE SAND DAYCARE USES A DIGITAL MEDIA PROGRAM CALLED BRIGHTWHEEL TO INFORM YOU ABOUT YOUR CHILD'S DAY AND PROVIDE OTHER NECESSARY COMMUNICAITON. ANY PICTURES OR PRIVATE MESSAGES ARE DISTRIBUTED AND FOR THE PRIVATE USE OF THE CHILD AND FAMILY IT IS SENT. PICTURES WILL NOT BE SHARED ON ANY PLATFORM (INCLUDING BUT NOT LIMITED TO SOCIAL MEDIA) BY THE DAYCARE AND/OR THE RECIPIENT. PLEASE INITIAL.								
SIGNATURE OF PARENT OR GUARDL	DATE							
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Periodic review: Signature	Date:							
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