

**Nazareth Area Day Care  
Emergency Contact/Parental Consent Form**

55 Pa Code Chapters 3270.124 (a)(6), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

Child's Name		Birthdate	
Address			
Mother's Name/Legal Guardian		Home Telephone Number	
Address		Cell Phone	
Business Name		Business Telephone Number and extension	
Address		Work Hours <u>Start Time</u> <u>Ending Time</u>	
Father's Name/Legal Guardian		Home Telephone Number	
Address		Cell Phone	
Business Name		Business Telephone Number and extension	
Address		Work Hours <u>Start Time</u> <u>Ending Time</u>	
Emergency Contact Person(s)	Name	Address	Telephone Number when child is in Care at N.A.D.C.
Person(s) to Whom Child May be Released	Name	Address	Telephone Number when child is in Care at N.A.D.C.
Name of Child's Physician/Medical Care Provider		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>Parents Signature is Required for Each Item Below to Indicate Parental Consent</b>			
Obtaining Emergency Medical Care <b>(SIGNATURE REQUIRED HERE)</b>		Admin. of Minor First-Aid Procedures <b>(SIGNATURE REQUIRED HERE)</b>	
Walks and Trips	N/A	Swimming	N/A
Transportation by Facility	N/A	Wading	N/A

Signature \_\_\_\_\_

Date \_\_\_\_\_

1st Periodic Review signature \_\_\_\_\_

Date \_\_\_\_\_

Highlight any changes you made on this form

2nd Periodic Review signature \_\_\_\_\_

Date \_\_\_\_\_

Highlight any changes you made on this form

**Child's arrival Time** \_\_\_\_\_

**Child's departure Time** \_\_\_\_\_

**Child's start date** \_\_\_\_\_

