

**RIVERVIEW CHILDRENS CENTER- 412-828-2585 Fax 412-828-5854**

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[www.riverviewchildrenscenter.org](http://www.riverviewchildrenscenter.org)

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

I hereby give my permission for my child's photograph to be taken for the curriculum or publicity of Riverview Children's Center. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**PERIODIC REVIEW**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date