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

CHILD'S NAME				DATE OF BIRTH
ADDRESS	· · · · · · · · · · · · · · · · · · ·	j.	i	
PARENT'S NAME/LEGAL GUARDIAN		3	HOME TELE	PHONE NUMBER
ADDRESS				
BUSINESS NAME			BUSINES\$ T	ELEPHONE NUMBER
ADDRESS				
PARENT'S NAME/LEGAL GUARDIAN			HOME TELEI	PHONE NUMBER
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BUSINESS NAME		1 1 1 1	BUSINESS T	ELEPHONE NUMBER
ADDRESS				
EMERGENCY CONTACT PERSON(S)	AME		TELEPHONE NUM	BER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED NA	ME ADDRI	ESS	TELEPHONE NUME	BER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVI	DER	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TELEPHONE	NUMBER
ADDRESS				
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (NCLUDING MEDICATION	ON REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUAT	TION	MEDICATION	SPECIAL SITUATION	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD				
HEALTH INSURANCE COVERAGE FOR CHILD OF MEDICAL ASSISTANCE BENE	FITS	POLICY NUM	BER (REQUIRED)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM		100		The state of the s
OBTAINING EMERGENCY MEDICAL CARE	ADMIN.	OF MINOR	R FIRST-AID PRO	CEDURES
WALKS AND TRIPS	SWIMMING			
TRANSPORTATION BY THE FACILITY	WADING			
PERIODIC REVIEW				

SIGNATURE OF PARENT OF GUARDIAN				DATE
SIGNATURE OF PARENT or GUARDIAN				DATE

CHILD HEALTH REPORT

CHILD'S NAME: (LAST)					AND 3290	4			
CITED S WAPIE. (DGT)	(1	FIRST)		PARENT/GU	ARDIAN:				
DATE OF BIRTH:		OME PHONE:		ADDRESS:					· · · · · · · · · · · · · · · · · · ·
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CHILD CARE FACILITY NAME:						The second secon			
FACILITY PHONE:	C	COUNTY:	-	WORK PHO	NE:	}			
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☐ I authorize the child care staff and	my child's health pro	ressional to cor	mmunicate di	rectly if need	ed to clarify	information	on this form	about my chi	iid.
PARENT'S SIGNATURE:									
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AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(c); 3280.123 & 181(c); 3290.123 &. 181(c)

FEE AMOUNT	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
\$		MONDAY
The second control of	as part of the day care fee (exa	amples; transportation, care, meals, etc.)
ducational Proj	gram	
riları A	Elementary D	(2.40)
etore Atter Co	THE (ROBO ONLY) I B	Detore After Care (PKC)
n Site Activit	ties	
<i>Music</i>		
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11/05		
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HILD'S ARRIVAL TIME	CHILD'S DEPARTURE T	TIME PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASE
		MUST INCLUDE ADDRESS + PHONE NUMBER
ATE FEE	PER MIN-HR	
\$ 1.00	PER MINUT	
ttra services to be provi	ided at an additional fee if app	olicable
		그래 사람이 되었다고 있는데 하는 이 저는데 되는데 하는데 되어 모습니다.
		에게 오늘하게 되었다. 이렇게 되어 있었다. 그 그 맛이라는 그 사이를 만났다. 그 얼마는 그는 그 것이 없는데 하는 것이다.
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About		
the parent/guardian;		
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