

Soans Christian Academy

7912 Dungan Road

Philadelphia, PA 19111

Phone: (267) 388 - 7648 · Fax: (267) 731-1857

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

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|--|--|--|
| CHILD'S NAME: <i>(As it APPEARS on child's state/ government issued "Birth Certificate")</i> | | Date of Birth: <i>(Required)</i> |
| MOTHER'S NAME/LEGAL GUARDIAN: <i>(Required: Unless Court Order, Incarcerated or Deceased, please specify):</i> | | Home Phone: <i>(Required)</i> |
| ADDRESS: <i>(Required)</i> | | |
| CITY, STATE, and 5- DIGIT ZIP CODE: <i>(Required)</i> | | E-mail: <i>(Required)</i> |
| Business Name: <i>(Required if Employed)</i> | | Cell Phone: <i>(Required)</i> |
| Address, City, State, and 5-Digit Zip Code: <i>(Required if Employed)</i> | | Business Phone: <i>(Required if Employed)</i> |
| FATHER'S NAME/LEGAL GUARDIAN: <i>(Required: Unless Court Order, Incarcerated or Deceased, please specify):</i> | | Home Phone: <i>(Required)</i> |
| ADDRESS: <i>(Required)</i> | | |
| CITY, STATE, and 5-DIGIT ZIP CODE: <i>(Required)</i> | | E-mail: <i>(Required)</i> |
| Business Name: <i>(Required if Employed)</i> | | Cell Phone: <i>(Required)</i> |
| Address, City, State, and 5-Digit Zip Code: <i>(Required if Employed)</i> | | Business Phone: <i>(Required if Employed)</i> |
| EMERGENCY CONTACT PERSON (s) (list below) <i>(Minimum of (3) Individuals Over 18 yrs. Old)</i> | | Telephone Number (when in care) <i>(Required)</i> |
| 1 | | |
| 2 | | |
| 3 | | |
| Person (s) Whom Child May Be Released and Address (list below) <i>(Min. (3) Over 18 yrs. Old)</i> | | Telephone Number (when in care) <i>(Required)</i> |
| 1 | | |
| 2 | | |
| 3 | | |
| NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER: <i>(Required)</i> | | Phone Number + Area Code: <i>(Required)</i> |
| ADDRESS, CITY, STATE, and 5-DIGIT ZIP CODE: <i>(Required)</i> | | |
| Special Disabilities: <i>(Copy of IFSP or IEP Required, if applicable)</i> | | All Allergies <i>(Listed on Health Assessment)</i> |
| Medical or Dietary Information necessary in an emergency situation <i>(Dietary Form Required)</i> | | Medications <i>(List Medications Taken Daily)</i> |
| Additional Information on Special Needs of Child <i>(Copy of IFSP or IEP Report Required, if applicable)</i> | | |
| Health Insurance Coverage or Medical Assistance Benefits | | Policy Number <i>(Required)</i> |
| PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT | | |
| OBTAINING EMERGENCY MEDICAL CARE <i>(Required)</i> X | ADMIN. OF MINOR FIRST - AID PROCEDURES <i>(Required)</i> X | |
| TRANSPORTATION BY THE FACILITY IN CASE OF EMERGENCY <i>(Required)</i> X | WALKS <i>(Required)</i> X | |
| I allow child in <i>(Swimming: 3rd – 6th/Sprinkler-YT-PKC) (Required)</i> X | I allow Photos/Video Used for <i>Classrooms ONLY (Required)</i> X | |
| Signature of Parent or Guardian <i>(Required)</i> X | | Date: <i>(less than 6-months)</i> |