

EMERGENCY CONTACT/PARENTAL CONSENT FORM

COMPLETE ALL SECTIONS OF THE FORM

Emergency Contact Person (required): In the event of an emergency, illness or late pick-up and the Center is unable to reach a child's parents, the emergency contact person will be called. The emergency contact person must be local and available during the hours your child attends the Center.

Person(s) To Whom Child May Be Released: Person designated by the parent to whom the child can be released. Include grandparents, neighbors, sitters or car pool arrangements. A child will not be released without notice from the parent.

Medical Information: Special disabilities, medical or dietary information, allergies (including medication reactions), medication, special conditions or special needs. If not applicable, please indicate NONE in the appropriate box.

Health Insurance Coverage: Information required for enrollment.

Walks and Trips: NGCC children participate in various field trip activities. Trips include nature walks on our spacious grounds to the preschool camp program.

Obtaining Emergency Medical Care: In the event of a medical emergency requiring care and treatment beyond minor first aid measures, your child will be transported by the local emergency unit to Bryn Mawr Hospital for treatment deemed necessary by qualified medical personnel.

Administration Of Minor First Aid Procedures: NGCC staff are trained in minor first aid procedures and will provide as needed.

Transportation By The Facility (for preschool summer camp program only): All children enrolled in the PS summer camp program are transported on a school bus equipped with STAR safety restraint system.

Swimming (for preschool summer camp program only): Swimming lessons are provided by the qualified staff at the La Maison Swim Club

Wading (for summer program): NGCC does not use wading pools however sprinkler-type devices are used for supervised water play.

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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		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
TELEPHONE NUMBER WHEN CHILD IS IN CARE		
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)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE