

EMERGENCY INFORMATION/PARENTAL CONSENT

The Department of Human Services requires that each child have up-to-date emergency information/parental consent form completed at all times. At the minimum parents/guardians must complete a new form annually as well as review and update mid-year (6 months). Whenever any information i.e., telephone numbers, emergency contact persons, etc. changes, please stop by the office and update your child's information immediately. By doing so, this will assure proper communication between parent and staff, especially in an emergency.

INSTRUCTIONS FOR COMPLETION

Please be sure that the *child's name, birthdate, address (including street address, city, state and zip code), both (if applicable) parent/legal guardian names, home & cell telephone numbers, complete address, e-mail address, business name, business telephone number and complete business address.*

EMERGENCY CONTACT PERSON(S)- NAME & TELEPHONE NUMBER WHEN CHILD IS IN CARE

In the event of an emergency, every attempt will be made to contact both of the parents/legal guardians. The Department of Human Services requires that alternate persons are listed for emergency contact persons- **NOT** parent names. If parents are listed as emergency contacts as well, the Department of Human Services will consider your child's file in noncompliance. The purpose for requiring alternate persons other than parents, would be in the case of an extreme emergency and we are unable to reach either to reach either parent.

PERSON(S) TO WHOM CHID MAY BE RELEASED- NAME, ADDRESS & TELEPHONE NUMBER WHEN CHILD IS IN CARE

If you desire not to list anyone else that your child may be released to, please indicate "NO ONE". Do **NOT** leave blank. Please be aware that if you do list alternate person(s) to whom your child may be released- you must communicate to the staff on that day when the alternate will be picking your child up. Your child will not be released to the alternate person(s) unless specifically directed by the parent/legal guardian on that particular day. If arrangements have been made for your child to be released to the alternate person, appropriate identification will be required from the alternate.

The Department of Human Services requires that the *name, complete address and telephone number* of each alternate person be listed.

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER

Please complete all requested information. If an item does not pertain to your child please indicate by "N/A".

PARENT'S SIGNATURE AND DATE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care- Parents will be notified and the Center will adhere to parent's wishes. However, in the case of an extreme emergency, by providing permission in this section, we can begin the process of obtaining emergency medical care while other staff will be contacting the parents. By providing your permission, this may avoid delays in obtaining appropriate medical care for your child.

Administration of Minor First- Aid Procedures- This section will allow the Center to provide minor first-aid for the child i.e., Band-Aids, ice pack, etc. Parents will be notified and given a copy of the accident report.

Walks and Trips and Wading/Swimming- These are age-appropriate categories. This is an important part of the developmentally appropriate activities that the Center offers for the children. The Department of Human Services requires that children must be outdoors at least once a day (weather permitting). Please be assured that appropriate staff-to-child ratios are maintained.

Transportation by the facility- This is also an age-appropriate category. Safe transportation by the facility is pertinent to field trips.

Photographing or filming for publicity or news features- On occasion, the Public Relations Department at Magee- Women's Hospital request photographing for an article or they are working in conjunction with a local television station for a story. If permission is not granted, your child will not be included in any of the photographing, etc. We will try to inform you in advance of any requests.

Six Month Periodic Review- This is for the mid-year review. Around February/March, parents are required to review the information provided and if there are no changes, the parent/guardian signs and dates in this section.

Although these instructions are quite lengthy, your attention to providing complete information will help the Center to maintain compliance with the Department of Human Services regulations. Thank you.

/jlm
7/14/15

THE CHILDREN'S CENTER OF PITTSBURGH ♦ 327 CRAFT AVENUE ♦ PITTSBURGH, PA 15213
EMERGENCY INFORMATION/PARENTAL CONSENT

CHILD'S NAME	Birthdate
Address	
PARENT/LEGAL GUARDIAN NAME	Home Telephone Number:
	Cell Telephone Number:
Address	E-Mail Address:
Business Name	Business Telephone Number:
Address	
PARENT/LEGAL GUARDIAN NAME	Home Telephone Number:
	Cell Telephone Number:
Address	E-Mail Address:
Business Name	Business Telephone Number:
Address	
EMERGENCY CONTACT PERSON(S) - NAME & TELEPHONE NUMBER WHEN CHILD IS IN CARE – <u>REQUIRED</u> (Not parent names)	
(1)	
(2)	
PERSON(S) TO WHOM CHILD MAY BE RELEASED - NAME, ADDRESS & TELEPHONE NUMBER WHEN CHILD IS IN CARE (If no one, please write "No one" on line 1.	
(1)	
(2)	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	Telephone Number
Address	
Special disabilities (if any)	Allergies (including medication reaction, foods)
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)
<i>PARENT'S SIGNATURE AND DATE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</i>	
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AID PROCEDURES
Walks and Trips	Wading/Swimming
Transportation by the facility	Photographing or filming for publicity or news features

SIX MONTH PERIODIC REVIEW

Parent/Guardian Signature _____ Date _____