

Fox Chapel Presbyterian Church Preschool EMERGENCY CONTACT/PARENTAL CONSENT FORM

Adapted from 55 PA Code Chapt. 3270 DPW

CHILD'S NAME	BIRTH DATE	
ADDRESS		
PARENT'S NAMES	SINGLE MARRIED DIVORCED	
	Court Custody - See Director	
MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER	
	CELL PHONE NUMBER	
ADDRESS (if different from child)		
FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER	
	CELL PHONE NUMBER	
ADDRESS (if different from child)		
EMERGENCY CONTACT PERSON(S)	RELATIONSHIP TO CHILD	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSONS TO WHOM CHILD MAY BE RELEASED	RELATIONSHIP TO CHILD	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<p>Family e-mail address:</p> <p>_____</p> <p>I would like my information included in the FCPC directory: Yes _____ No _____</p>		
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	TRANSPORTATION BY THE FACILITY	
PHOTOGRAPHS/VIDEOS TAKEN	PHOTOGRAPHS/VIDEOS USED FOR PUBLICITY	

Signature of Parent or Guardian

Date

Fox Chapel Presbyterian Church Preschool 384 Fox Chapel Road, Pittsburgh, PA 15238
Phone: 412-963-8243 Fax: 412-967-9134