

EMERGENCY CONTACT/ PARENTAL CONSENT FORM 2018-2019

Elbow Lane School • 828 Elbow Lane • Warrington, PA 18976 • 215-343-2124 • Fax 215-933-1469

CHILD'S NAME		SOCIAL SECURITY NUMBER	BIRTHDATE
ADDRESS	Street	City	Zip
MOTHER'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER
ADDRESS	Street	City	Zip
			CELL/PAGER NUMBER
BUSINESS NAME			BUSINESS TELEPHONE NUMBER
ADDRESS	Street	City	Zip
FATHER'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER
ADDRESS	Street	City	Zip
			CELL/PAGER NUMBER
BUSINESS NAME			BUSINESS TELEPHONE NUMBER
ADDRESS	Street	City	Zip
EMERGENCY CONTACT PERSON - NAME		ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
1.			
2.			
PERSON(S) TO WHOM CHILD MAY BE RELEASED - NAME		ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
1.			
2.			
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 SPECAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
PARENT'S FULL SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE		ADMINISTRATION OF MINOR FIRST AID PROCEDURES	
WALKS AND TRIPS		SWIMMING/WADING	
TRANSPORTATION BY THE FACILITY		SUNSCREEN APPLICATION	
PLEASE CHECK AND SIGN IF YOUR CHILD HAS AN IEP/IFSP <input type="checkbox"/>		PLEASE CHECK AND SIGN IF YOUR CHILD HAS AN ALLERGY/ASTHMA ACTION PLAN <input type="checkbox"/>	

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

Please turn over to other side for additional needed information.

CHILD'S NAME: _____

Additional Transportation Release (if needed)

I hereby give permission for the following to pick up my child from school.

Name	Relationship	Address	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Elbow Lane WILL NOT permit any child to leave the school grounds at any time with anyone other than those persons authorized by the child's parents and listed above. **ELBOW LANE STAFF WILL ASK FOR IDENTIFICATION!**

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Bike Use Permission

I, _____ give my permission for my child _____ to ride bikes/big wheels/pedacycles at Elbow Lane School.

It is understood that my child may NOT ride bikes/big wheels/pedacycles at Elbow Lane School unless I provide a properly fitted bike helmet.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Bus Transportation Permission (FOR AFTER KINDERGARTEN and AFTER SCHOOL AGE ONLY-) leave blank if NA

Here at Elbow Lane we want to ensure all our children are safe at our bus stop and riding on the Elbow Lane School bus and vans. In order to ensure the children in our care remain safe, we have established some basic rules we would like for you to review with your child.

AM Bus Stop: The children may entertain themselves with activities i.e. Tag around the trees, Hopscotch, Tic Tac Toe with Sidewalk chalk. *Child may not* throw rocks, climb fences, or trees.

PM Bus Stop Drop Off: Children must exit the bus, walk to the side of the driveway and stay together as a group. *Children may not* throw items, stop and go through their back pack, run or push each other.

Remember to Ride Safely: You must sit down, fasten your seat belt, face forward and stay in your seat. You may talk quietly to the person next to you. You are not permitted to speak with people sitting in the seat in front of you or people sitting in the seat behind you. Keep your belongings on your lap or you can put your school bag under the front of you, right near your feet. Do not put lunch boxes on the floor because they will slide around the bus. Be courteous to your bus/van drivers at all times. **Do not hang in the aisle, and NEVER put anything out the window.** Enjoy your ride!

It is understood that anyone not abiding by these rules will be subject to losing bus/van riding privileges.

I/We have read the above rules and will abide by these rules.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Homework Permission (FOR AFTER KINDERGARTEN and AFTER SCHOOL AGE ONLY-) leave blank if NA

We offer Homework Time at Elbow Lane.

_____ YES, I would appreciate the Homework Help offered at the Elbow Lane Aftercare Program (SACC – School Aged Child Care). We will help your children. We are not considered tutors.

_____ NO, Thank You.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____