



# Emergency Contact Form



Please print legibly with dark ink

100 North Braddock Avenue, Pittsburgh, PA 15208 ❖ phone 412-243-4040 ❖ fax 412-243-0504 ❖ www.shadylane.org

## Child Information

First Name	Last Name	Birth Date	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address		City, State, Zip		

## Parent / Legal Guardian #1 Information \*Relationship to Child: \_\_\_\_\_

First Name	Last Name	Home Phone	Cell Phone
Street Address (if different from Child's)		City	State Zip
Work Name & Address		Work Phone	E-mail Address

## Parent / Legal Guardian #2 Information \*Relationship to Child: \_\_\_\_\_

First Name	Last Name	Home Phone	Cell Phone
Street Address (if different from Child's)		City	State Zip
Work Name & Address		Work Phone	E-mail Address

## Medical & Allergy Information REQUIRED BY STATE REGULATIONS

Special Disabilities, if any:	Medical or dietary information necessary in an emergency situation:	Allergies (including food & medication reaction):
Foods forbidden for cultural or dietary reasons:	Ongoing medications, please specify:	Additional information on special needs of child:
<b>Health Insurance Carrier and Policy Number:</b> (Please include group number and attach copy of card.)  <input type="checkbox"/> No Insurance Coverage		<b>Child's Physician Name, Office Name, Address, and Phone:</b>

# Emergency Contact & Release Person(s)

- \*Note:**
- An “**Emergency Contact Person**” is a person Shady Lane can contact if either parent or guardian cannot be reached.
  - A “**Release Person**” is a person designated by the parent or guardian to whom the child may be released.
  - Please enter the required information and check the appropriate box(es) for each person to indicate whether they are an *Emergency Contact Person*, a *Release Person*, or *Both*.
  - **You must have at least two Emergency Contact Persons.** Attach additional sheets if necessary.

First Name	Last Name	Home Phone:	Other Phone, specify:	Relationship to your child:
Address	City	State	Zip	<input type="checkbox"/> Emergency Contact * <input type="checkbox"/> Release <input type="checkbox"/> Both
First Name	Last Name	Home Phone:	Other Phone, specify:	Relationship to your child:
Address	City	State	Zip	<input type="checkbox"/> Emergency Contact * <input type="checkbox"/> Release <input type="checkbox"/> Both
First Name	Last Name	Home Phone:	Other Phone, specify:	Relationship to your child:
Address	City	State	Zip	<input type="checkbox"/> Emergency Contact * <input type="checkbox"/> Release <input type="checkbox"/> Both
First Name	Last Name	Home Phone:	Other Phone, specify:	Relationship to your child:
Address	City	State	Zip	<input type="checkbox"/> Emergency Contact * <input type="checkbox"/> Release <input type="checkbox"/> Both

## Parental Consents

sign to indicate permission or write “NO” to indicate no permission for each item

<b>Obtaining Emergency Medical Care:</b> <small>(REQUIRED)</small>  sign:	<b>Administration of Minor First Aid:</b> <small>(REQUIRED)</small>  sign:	Is it OK to share your contact information with other parents in a class directory?  Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>PHOTOS FOR INTERNAL USE ONLY</b> I grant permission for Shady Lane to use photographs taken of my child at Shady Lane in displays, signs, and classroom documentation that are only visible inside the school building.  sign:	<b>PHOTOS FOR EXTERNAL USE</b> I grant permission for Shady Lane to use photographs taken of my child at Shady Lane, along with his/her first name only, in promotional and informational materials (e.g. Shady Lane website, flyers, brochures, newsletters, grant proposals, etc.).  sign:	

## Signature & Date

(to be completed and updated throughout your child’s enrollment)

_____	_____	_____	_____
Parent/guardian	date	Parent/guardian	date
_____	_____	_____	_____
Parent/guardian	date	Parent/guardian	date
_____	_____	_____	_____
Parent/guardian	date	Parent/guardian	date
_____	_____	_____	_____
Parent/guardian	date	Parent/guardian	date