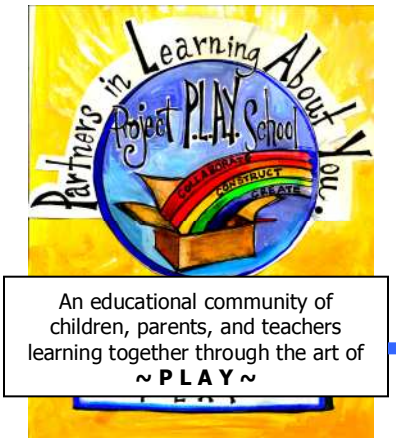

An educational community of children, parents, and teachers learning together through the art of
~ P L A Y ~

Project P.L.A.Y. School

Partners in Learning About You
Co founders Karen Chayot & Kathy Goldenberg
215.740.5751 215.479.6235
www.projectplayschool.com

EMERGENCY CONTACT INFORMATION AND CONSENT FORM

Child's Name:_____ **Birth date:** _____

Parent/Guardian #1

Name: _____

Telephone: Home_____ **Work**_____**Cell** _____

Parent/Guardian #2

Name:_____

Telephone: Home_____ **Work**_____ **Cell**_____

EMERGENCY CONTACTS (to whom child may be released if guardian is unavailable)
Name
#1:_____Relationship_____

Telephone: Home_____ Work_____
Cell_____

Name
#2:_____Relationship_____

Telephone: Home_____
Work_____Cell_____

CHILD'S PREFERRED SOURCES OF MEDICAL CARE

Physician's
Name:_____

Address:_____Telephone:_____

Dentist's
Name:_____

Address:_____Telephone:_____

CHILD'S HEALTH INSURANCE

Insurance Plan:_____

ID#_____

Subscriber's Name (on insurance
card):_____

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION

_____

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature_____

Date_____

Parent/Guardian
Signature_____Date_____