

Otterbein Early Education Center – Emergency Contact Form

MANDATORY FORM – PLEASE FILL OUT COMPLETELY

Child's Name: _____		Gender: _____		Date of Birth: _____	
Street Address: _____					
City/State/Zip: _____			School District: _____		
Race:	American Indian/Alaska Native	Asia	Black or African American	Pacific Islander	White
Ethnicity:	Hispanic	Non-Hispanic			

Parent/Authorized Child Release Information – Children will be released from care only to the child's parents or to individuals designated on this form. Children shall be released to either parent unless a CERTIFIED COURT ORDER stating otherwise has been submitted to us. Both parents will be assumed Child Release and Emergency Contact persons unless checked below.

	Parent/Guardian 1	Parent/Guardian 2
Permissions	NOT Child Release NOT Emergency Contact <i>Legal documentation must be provided in order for compliance.</i>	NOT Child Release NOT Emergency Contact <i>Legal documentation must be provided in order for compliance.</i>
Name		
Street Address		
City/State/Zip		
Company Name		
Work Address		
Work City/State/Zip		
Cell/Home Phone		
Work Phone		
Email Address		
Additional Email (optional)		

Emergency Contacts – in the event we are unable to contact listed parents/guardians.

Authorized Child Release - in addition to parents/guardians' child may also be released to those listed below.

	Name	Address (required)	Phone # - (required)	Relationship
Emergency Contact Child Release				
Emergency Contact Child Release				
Emergency Contact Child Release				
Emergency Contact Child Release				
Emergency Contact Child Release				

COMPLETE REVERSE SIDE ->

Health Information

Health Insurance: _____	Group/Policy/ID #: _____
Medical Care Provider: _____	Phone #: _____
Address: _____	Hospital: York UPMC Memorial
Allergies: _____	
Medications: _____	
Health Concerns: _____	
Medical Instruction in an Emergency: _____	

Individual Education Plans (IEP) and Individualized Family Service Plans (IFSP)

Our Keystone STARS Performance standards require that we have copies of existing IEP's, IFSP's, and behavioral plans on file for children enrolled in our program. If your child has an educational or behavioral plan in place, through a school, other child services organization, or through private testing and therapists, it is additionally important for our staff to have this information available in order to care for and educate them in the best way possible. The information on these forms is protected by privacy laws, including the Health Insurance Portability and Accountability Act (HIPPA).

My child does not have a special care or educational plan.

I have attached a copy of my child's current IEP, IFSP, Behavioral Plan, or 504 Plan.

My child has/will have an IEP, IFSP, Behavioral Plan, or 504 Plan. I will provide a copy by (date) _____.

Consents and Acknowledgements

I, _____, hereby affirm that I am the parent/guardian of _____. I give consent to have my child to receive first aid from Otterbein EEC staff and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by my insurance. I also give consent for my child to go on walks while at OEEC.

I agree to update this information whenever changes occur or every six months at a minimum and I have received complete written program information at time of enrollment.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Periodic Review

Signature Parent/Guardian	Printed Name Parent/Guardian	Date	Director Review (office only)