

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124(a)(b), 3280.181 & 182; 3290.124(a)(b), 3290.181 & 182

<b>CHILD'S NAME</b>		BIRTHDATE
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
EMAIL ADDRESS		CELL TELEPHONE NUMBER
ADDRESS		
EMPLOYER NAME		WORK TELEPHONE NUMBER
ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
EMAIL ADDRESS		CELL TELEPHONE NUMBER
ADDRESS		
EMPLOYER NAME		WORK TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT(S) OTHER THAN PARENTS</b>	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENTS</b>	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		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 SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS		SWIMMING/WADING
TRANSPORTATION BY THE FACILITY		APPLY SUNSCREEN

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SIGNATURE OF PARENT OR GUARDIAN

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DATE

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SIGNATURE OF PARENT OR GUARDIAN FOR BIANNUAL REVIEW

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DATE