

# 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>		GENDER ___ Male ___ Female	BIRTH DATE
ADDRESS			
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>			HOME TELEPHONE NUMBER
ADDRESS			CELLULAR PHONE NUMBER
BUSINESS (WORK) NAME			BUSINESS TELEPHONE NUMBER
ADDRESS		MOTHER'S E-MAIL ADDRESS (optional)	
<b>FATHER'S NAME/LEGAL GUARDIAN</b>			HOME TELEPHONE NUMBER
ADDRESS			CELLULAR PHONE NUMBER
BUSINESS (WORK) NAME			BUSINESS TELEPHONE NUMBER
ADDRESS		FATHER'S E-MAIL ADDRESS (optional)	
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER WITH ADDRESS</b>			TELEPHONE NUMBER
ANY SPECIAL NEEDS/ DISABILITIES/ CONCERNS? NO___ YES___			ALLERGIES (INCLUDING MEDICATION REACTION)
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD- (List any current or pending diagnosis)			
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
<b>PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW (6) TO INDICATE PARENTAL CONSENT</b>			
OBTAINING EMERGENCY MEDICAL CARE	DATE:	ADMIN. OF MINOR FIRST-AID PROCEDURES	
WALK AND TRIPS		SWIMMING NOT APPLICABLE	
TRANSPORTATION BY THE FACILITY		WADING	

SIGNATURE OF PARENT OR GUARDIAN

DATE:

**SIGNATURES BELOW FOR PERIODIC REVIEWS ONLY-**

SIGNATURE OF PARENT OR GUARDIAN

DATE:

SIGNATURE OF PARENT OR GUARDIAN

DATE: