

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

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		EMAIL ADDRESS
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		EMAIL ADDRESS
EMERGENCY CONTACT PERSON(S)		NAME
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED		NAME
		ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		ALLERGIES (INCLUDING MEDICATION REACTION)
SPECIAL DISABILITIES (IF ANY)		MEDICATION, SPECIAL CONDITIONS
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		DOES YOUR CHILD HAVE AN IEP/IFSP? ☐ YES ☐ NO
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENT CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS Not applicable to CEEL		SWIMMING Not applicable to CEEL
TRANSPORTATION BY THE FACILITY		WADING Not applicable to CEEL
		PHOTO RELEASE

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE