

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 & 18

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER:
BUSINESS NAME		WORK PHONE NUMBER
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER:
BUSINESS NAME		WORK PHONE NUMBER
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM WHILD MAY BE RELEASED	NAME	ADDRESS TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		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)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST AID PROCEDURES
WALKS AND TRIPS		SWIMMING N/A
TRANSPORTATION BY THE FACILITY N/A		WADING N/A

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN DATE

SIGNATURE OF PARENT OR GUARDIAN DATE