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	
MOTHERS 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

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SIGNATURE OF PARENT OR GUARDIAN DATE

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SIGNATURE OF PARENT OR GUARDIAN DATE