

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		<small>BIRTHDATE</small>
<small>ADDRESS</small>		
MOTHER'S NAME/LEGAL GUARDIAN		<small>HOME TELEPHONE NUMBER</small>
<small>ADDRESS</small>		
<small>BUSINESS NAME</small>		<small>BUSINESS TELEPHONE NUMBER</small>
<small>ADDRESS</small>		
FATHER'S NAME/LEGAL GUARDIAN		<small>HOME TELEPHONE NUMBER</small>
<small>ADDRESS</small>		
<small>BUSINESS NAME</small>		<small>BUSINESS TELEPHONE NUMBER</small>
<small>ADDRESS</small>		
EMERGENCY CONTACT PERSON(S)	<small>NAME</small>	<small>TELEPHONE NUMBER WHEN CHILD IS IN CARE</small>
PERSON(S) TO WHOM CHILD MAY BE RELEASED	<small>NAME</small>	<small>ADDRESS</small>
		<small>TELEPHONE NUMBER WHEN CHILD IS IN CARE</small>
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		<small>TELEPHONE NUMBER</small>
<small>ADDRESS</small>		
<small>SPECIAL DISABILITIES (IF ANY)</small>	<small>ALLERGIES (INCLUDING MEDICATION REACTION)</small>	
<small>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</small>	<small>MEDICATION, SPECIAL CONDITIONS</small>	
<small>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</small>		
<small>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</small>	<small>POLICY NUMBER (REQUIRED)</small>	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
<small>WALKS AND TRIPS</small>	<small>SWIMMING</small>	
<small>TRANSPORTATION BY THE FACILITY</small>	<small>WADING</small>	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE