

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 <input type="checkbox"/> Same as above	Cell Phone Number
Mother's Business Name	Business Phone Number
Business Address	Email Address
FATHER'S NAME/LEGAL GUARDIAN	Home Phone Number
Address <input type="checkbox"/> Same as above	Cell Phone Number
Father's Business Name	Business Phone Number
Business Address	Email Address
EMERGENCY CONTACTS/PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENTS	
1. Name, Address, and Phone no. when child is in care _____ _____	
2. Name, Address, and Phone no. when child is in care _____ _____	
3. Name, Address, and Phone no. when child is in care _____ _____	
NAME OF CHILD'S PHYSICIAN/MEDICAL PROVIDER	Phone Number
Physician's Address	
Special Disabilities: <input type="checkbox"/> None Known	Allergies (Including Medication Reactions): <input type="checkbox"/> None Known
Medical or Dietary Information Necessary in An Emergency Situation: <input type="checkbox"/> None	
Medication/Special Conditions <input type="checkbox"/> None	Additional Information on Special Needs Of Child: <input type="checkbox"/> None
Health Insurance Coverage For Child or Medical Assistance Benefits	
Health Insurance Policy Number	
PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
1. Obtaining Emergency Medical Care _____	
2. Walks and Trips _____	
3. Transportation By The Facility _____	
4. Administration of Minor First Aid Procedures _____	
5. Swimming _____	
6. Wading _____	
SIGNATURE OF PERSON COMPLETING THIS FORM	DATE