

# 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

<b>CHILD'S NAME</b>	<b>Birthdate</b>
<b>Address</b>	<b>Email Address</b>
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>	<b>Home Telephone Number</b>
<b>Address</b> <input type="checkbox"/> Same as above	<b>Cell Phone Number</b>
<b>Mother's Business Name</b>	<b>Business Phone Number</b>
<b>Business Address</b>	
<b>FATHER'S NAME/LEGAL GUARDIAN</b>	<b>Home Phone Number</b>
<b>Address</b> <input type="checkbox"/> Same as above	<b>Cell Phone Number</b>
<b>Father's Business Name</b>	<b>Business Phone Number</b>
<b>Business Address</b>	<b>Email Address</b>
<b>EMERGENCY CONTACTS/PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENTS</b>	
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 _____ _____	
<b>Physician's Name/ Telephone #</b> _____	
<b>Address</b> _____	
<b>Special Disabilities:</b> <input type="checkbox"/> None Known	<b>Allergies (Including Medication Reactions):</b> <input type="checkbox"/> None Known
<b>Medical or Dietary Information Necessary in an Emergency Situation:</b> <input type="checkbox"/> None	
<b>Medication/Special Conditions</b> <input type="checkbox"/> None	<b>Additional Information on Special Needs of Child:</b> <input type="checkbox"/> None
<b>Health Insurance Coverage for Child or Medical Assistance Benefits</b> <b>Company:</b> _____	
<b>Health Insurance Policy Number</b>	
<b>PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>	
1. Obtaining Emergency Medical Care _____	
2. Walks and Trips _____	
3. Transportation By The Facility _____	
4. Administration of Minor First Aid Procedures _____	
<b>SIGNATURE OF PERSON COMPLETING THIS FORM</b>	<b>DATE</b>