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

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| CHILD’S NAME Birthdate |
| Address Email Address |
| MOTHER’S NAME/LEGAL GUARDIAN Home Telephone Number |
| Address Cell Phone Number **Same as above** |
| Mother’s Business Name Business Phone Number |
| Business Address  |
| FATHER’S NAME/LEGAL GUARDIAN Home Phone Number |
| Address Cell Phone Number **Same as above** |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**1. **Name, Address, and Phone no.when child is in care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Physician’s Address |
| Special Disabilities: Allergies (Including Medication Reactions): **None Known None Known** |
| Medical or Dietary Information Necessary in An Emergency Situation: **None** |
| Medication/Special Conditions Additional Information on Special Needs Of Child: **None None** |
| Health Insurance Coverage For Child or Medical Assistance Benefits |
| Health Insurance Policy Number |
| PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT1. **Obtaining Emergency Medical Care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Walks and Trips\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Transportation By TheFacility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Administration of Minor First Aid Procedures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Wading\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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| SIGNATURE OF PERSON COMPLETING THIS FORM DATE |