

# 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>		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
FATHER'S NAME/LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
<b>EMERGENCY CONTACT PERSONS</b>		<b>PHONE NUMBER WHEN CHILD IS IN CARE</b>
1		
2		
3		
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
1		
2		
3		
NAME OF CHILD'S PHYSICIAN/MEDICAL PROVIDER		PHONE NUMBER
PROVIDER ADDRESS		
SPECIAL DISABILITIES(IF ANY)	ALLERGIES(INCLUDING MEDICATION REACTIONS)	
MEDICAL/DIETARY INFO NECESSARY IN EMERGENCY SITUATIONS	MEDICATIONS/SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS CHILD		
HEALTH INSURANCE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER(REQUIRED)
<b>PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>	<b>SWIMMING</b>	
<b>TRANSPORATION BY FACILITY</b>	<b>WADING</b>	

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SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE