## **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			BIRTH DATE	
ADDRESS				
MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEF		DNE NUMBER	
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER		
ADDRESS				
BUSINESS NAME		BUSINESS TELEPHONE NUMBER		
ADDRESS				
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHO	IOME TELEPHONE NUMBER	
-MAIL ADDRESS		MOBILE TELEPHONE NUMBER		
ADDRESS		L		
BUSINESS NAME	SS NAME BUSINESS		PHONE NUMBER	
ADDRESS				
EMERGENCY CONTACT PERSON(S) NAME	TELE	TELEPHONE NUMBER WHEN CHILD IS IN CARE		
			nannanan mananan manan	
PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME	ADDRESS TELEPHO	NE NUMBER WHE	N CHILD IS IN CARE	
		<del>OSIANA AND AND AND AND AND AND AND AND AND </del>		
IAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER  TELEPH		TELEPHONE NU	MBER	
ADDRESS		1	*	
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING M	ALLERGIES (INCLUDING MEDICATION REACTIONS)		
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CO	MEDICATION, SPECIAL CONDITIONS		
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD				
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIR	POLICY NUMBER (REQUIRED)		
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PAR	ENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST -	ADMIN. OF MINOR FIRST - AID PROCEDURES		
WALKS AND TRIPS	SWIMMING	SWIMMING		
TRANSPORTATION BY THE FACILITY	WADING	WADING		
PERIODIC REVIEW	I			
SIGNATURE OF PARENT OR GUARDIAN		D	ATE	
SIGNATURE OF PARENT OR GUARDIAN		D	ATE	