**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**

**MOTHER’S NAME/LEGAL GUARDIAN**

**FATHER’S NAME/LEGAL GUARDIAN**

**NAME OF CHILD’S PHYSICIAN/MEDICAL CARE PROVIDER**

**EMERGENCY CONTACT PERSON(S)**

**PERSON(S) TO WHOM CHILD MAY BE RELEASED**

BIRTH DATE

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

HOME TELEPHONE NUMBER

TELEPHONE NUMBER

ALLERGIES (INCLUDING MEDICATION REACTIONS)

POLICY NUMBER (REQUIRED)

SWIMMING

WADING

**ADMIN. OF MINOR FIRST - AID PROCEDURES**

MEDICATION, SPECIAL CONDITIONS

BUSINESS TELEPHONE NUMBER

BUSINESS TELEPHONE NUMBER

TELEPHONE NUMBER WHEN CHILD IS IN CARE

ADDRESS

ADDRESS

E-MAIL ADDRESS

E-MAIL ADDRESS

ADDRESS

ADDRESS

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD

ADDRESS

ADDRESS

MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION

NAME

NAME

 ADDRESS TELEPHONE NUMBER WHEN CHILD IS IN CARE

BUSINESS NAME

BUSINESS NAME

SPECIAL DISABILITIES (IF ANY)

HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS

WALKS AND TRIPS

TRANSPORTATION BY THE FACILITY

**OBTAINING EMERGENCY MEDICAL CARE**

**PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT**

**PERIODIC REVIEW**

 SIGNATURE OF PARENT OR GUARDIAN DATE

03891A **ORIGINAL** CY 867 - 1/93