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** | DATE OF BIRTH |
| ADDRESS |
| **PARENT’S NAME/LEGAL GUARDIAN** | HOME TELEPHONE NUMBER( ) |
| ADDRESS |
| BUSINESS NAME | BUSINESS TELEPHONE NUMBER |
| ADDRESS |
| **PARENT’S NAME/LEGAL GUARDIAN** | HOME TELEPHONE NUMBER |
| ADDRESS |
| BUSINESS NAME | BUSINESS TELEPHONE NUMBER |
| ADDRESS |
| **EMERGENCY CONTACT PERSON(S)** | NAME |  | TELEPHONE NUMBER WHEN CHILD IS IN CARE |
|  |
|  |
| **PERSON(S) TO WHOM CHILD MAY BE RELEASED** | NAME | ADDRESS | TELEPHONE NUMBER WHEN CHILD IS IN CARE |
|  |
|  |
| **NAME OF CHILD’S PHYSICIAN/MEDICAL CARE PROVIDER** | TELEPHONE NUMBER |
| ADDRESS |
| SPECIAL DISABILITIES (IF ANY) | ALLERGIES (INCLUDING MEDICATION REACTION) |
| MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION | MEDICATION, SPECIAL SITUATION |
| ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD |
| HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS | POLICY NUMBER (REQUIRED) |
| **PARENT’S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT** |
| **OBTAINING EMERGENCY MEDICAL CARE** | **ADMIN. OF MINOR FIRST-AID PROCEDURES** |
| WALKS AND TRIPS | SWIMMING |
| TRANSPORTATION BY THE FACILITY | WADING |

**PERIODIC REVIEW**

SIGNATURE OF PARENT or GUARDIAN DATE