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