

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		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
BUSINESS ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
BUSINESS ADDRESS		
EMERGENCY CONTACT PERSONS		PHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	PHONE NUMBER
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)
PARENT 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	
TRANSPORATION BY FACILITY	WADING	

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE