

EMERGENCY CONTACT/PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270 124(a)(b). 3270 181 & 182. 3280124 (a)(b) 3280 181 & 182 3290 124 (a)(b). 3290 181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		CELL PHONE NUMBER
ADDRESS		DRIVER'S LICENSE #
EMPLOYER		HOME TELEPHONE NUMBER
ADDRESS		BUSINESS PHONE NUMBER
FATHER'S NAME/LEGAL GUARDIAN		CELL PHONE NUMBER
ADDRESS		DRIVER'S LICENSE #
EMPLOYER		HOME TELEPHONE NUMBER
ADDRESS		BUSINESS PHONE NUMBER
EMERGENCY CONTACT (OTHER THAN PARENT)	RELATIONSHIP	TELEPHONE #
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	ZIP CODE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE #
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S FULL 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	

SIGNATURE	DATE
SIGNATURE	DATE