EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS  3270.181 & 182: 3280 124 3280.181 & 182: 3290.124 3290 181 & 182

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| CHILD'S NAME | BIRTHDATE |
| ADDRESS |
| MOTHER'S NAME/LEGAL GUARDIAN | HOME TELEPHONE NUMBER |
| ADDRESS |
| BUSINESS NAME | BUSINESS TELEPHONE NUMBER |
| ADDRESS |
| FATHER'S NAME/LEGAL GUARDIAN | HOME TELEPHONE NUMBER |
| ADDRESS |
| BUSINESS NAME | BUSINESS TELEPHONE NUMBER |
| +DDRESS |
| EMERGENCY CONTACT PERSON(S) NAME TELEPHONE NUMBER WHEN CHILD IS IN CARE |
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| PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME ADDRESS TELEPHONE NUMBER WHEN CHILD IS IN CARE |
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|  |
| 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 CONDITIONS |
| ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD |
| HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITSPARENT'S SIGNATURE IS FOR  | POLICY NUMBER (REQUIRED) |
| REQUIRED EACH ITEM BELOW TO OBTAINING EMERGENCY MEDICAL CARE | INDICATE PARENTAL CONSENTADMIN. OF MINOR FIRST - AID PROCEDURES |
| WALKS AND TRIPS | SWIMMING |
| TRANSPORTATION BY THE FACILITY | WADING |



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| SIGNATURE OF PARENT or GUARDIAN0389 IA | DATE |

 CY 867 1/93

# ORIGINAL