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 BENEFITS  PARENT'S SIGNATURE IS FOR | | POLICY NUMBER (REQUIRED) | | |
| REQUIRED EACH ITEM BELOW TO OBTAINING EMERGENCY MEDICAL CARE | INDICATE PARENTAL CONSENT  ADMIN. OF MINOR FIRST - AID PROCEDURES | | | |
| WALKS AND TRIPS | SWIMMING | | | |
| TRANSPORTATION BY THE FACILITY | WADING | | | |



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| SIGNATURE OF PARENT or GUARDIAN  0389 IA | DATE |

CY 867 1/93

# ORIGINAL