

EMERGENCY CONTACT/PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & .182; 3280.124(a)(b); 3280.181 & .182; 3290.181 & .182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
E-MAIL ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
E-MAIL ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME AND ADDRESS OF PERSON(S) WHO CHILD MAY BE RELEASED TO <u>IN ADDITION TO BOTH PARENTS</u>		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 CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
(1) OBTAINING EMERGENCY MEDICAL CARE		(4) ADMIN. OF MINOR FIRST-AID PROCEDURES (Band-Aids)
(2) WALKS AND TRIPS		SWIMMING N/A
(3) TRANSPORTAION BY THE FACILITY (EMERGENCY)		WADING N/A

Please complete ALL sections above.

SIGNATURE OF PARENT or GUARDIAN	DATE
6 month PERIODIC REVIEW / SIGNATURE OF PARENT or GUARDIAN	DATE