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
Home Address	Email Address
Mother's Name/Legal Guardian	Home Phone
Home Address	Cell Phone
Business Name	Business Phone
Father's Name/Legal Guardian	Home Phone
Home Address	Cell Phone
Business Name	Business Phone
Emergency Contact Person (s) - Name	**Phone Number when child is in care**
1).	
2).	
Person(s) to Whom Child may be released – Name / Address	**Phone Number when child is in care**
1).	
2).	
Name of Child's Physician/Medical Care Provider	Phone Number
Address	
Special Disabilities (if any)	Allergies (including medicine 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 SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE	**PARENTAL CONSENT**
Obtaining Emergency Medical Care	Administration of Minor First Aid Procedures
Walks and Trips	Swimming
Transportation by the Facility	Wading
Photographs are permitted to be taken of my child & used on behalf of CCC	I received a Family Handbook – Initial Here

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Signature of Parent/Guardian Date

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Signature of Parent/Guardian (***Periodic Review - 6 months***) Date