

# 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:	LAST,	FIRST	MIDDLE	BIRTHDATE
ADDRESS			HOME TELEPHONE NUMBER	GRADE:
MOTHER/ LEGAL GUARDIAN'S NAME			HOME E-MAIL ADDRESS	
ADDRESS			CELL TELEPHONE NUMBER	
BUSINESS NAME			WORK E-MAIL ADDRESS	BUSINESS TELEPHONE NUMBER
ADDRESS			WORK HOURS	
FATHER/ LEGAL GUARDIAN'S NAME			HOME E-MAIL ADDRESS	
ADDRESS			CELL TELEPHONE NUMBER	
BUSINESS NAME			WORK E-MAIL ADDRESS	BUSINESS TELEPHONE NUMBER
ADDRESS			WORK HOURS	
<b>EMERGENCY CONTACT PERSONS (Additional contact person(s) if unable to reach guardians listed above)</b>				
<b>****Persons to whom child may be released. ****</b>				
NAME	ADDRESS		TELEPHONE NUMBER WHEN CHILD IS IN CARE	
1.				
NAME	ADDRESS		TELEPHONE NUMBER WHEN CHILD IS IN CARE	
2.				
NAME	ADDRESS		TELEPHONE NUMBER WHEN CHILD IS IN CARE	
3.				
<b>PERSONS TO WHOM CHILD MAY BE RELEASED (MINIMUM OF 3 – USE REVERSE FOR MORE)</b>				
NAME	ADDRESS		TELEPHONE NUMBER WHEN CHILD IS IN CARE	
1.				
NAME	ADDRESS		TELEPHONE NUMBER WHEN CHILD IS IN CARE	
2.				
NAME	ADDRESS		TELEPHONE NUMBER WHEN CHILD IS IN CARE	
3.				
<b>MEDICAL / HEALTHCARE INFORMATION (ALL SPACES MUST BE COMPLETED – USE "NA" FOR NOT APPLICABLE)</b>				
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER			PROVIDER'S TELEPHONE NUMBER	
PROVIDER'S ADDRESS				
SPECIAL DISABILITIES			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 / MEDICAL ASSISTANCE BENEFITS FOR CHILD			POLICY NUMBER	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>				
OBTAINING EMERGENCY MEDICAL CARE			ADMINISTRATION OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS			SWIMMING	
TRANSPORTATION BY THE FACILITY			WADING	

6 MONTH REVIEW: \_\_\_\_\_  
 SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
 DATE