

# 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

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
ADDRESS		
<b>MOTHER'S NAME/ LEGAL GUARDIAN</b>		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
<b>FATHER'S NAME/ LEGAL GUARDIAN</b>		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
<b>EMERGENCY CONTACT PERSON(S)</b>		PHONE NUMBER WHEN CHILD IS IN CARE
1		
2		
3		
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>ADDRESS FULL ADDRESS/ZIP</b>	<b>PHONE NUMBER</b>
1		
2		
3		
<b>NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER</b>		<b>PHONE NUMBER</b>
PROVIDER ADDRESS		
SPECIAL DISABILITIES (IF ANY)		<b>ALLERGIES (INCLUDING MEDICATION REACTIONS)</b>
MEDICAL/ DIETARY INFO NECESSARY IN EMERGENCY SITUATION		MEDICATIONS/SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b> SIGN		<b>ADMIN. OF MINOR FIRST AID PROCEDURES</b> SIGN
<b>WALKS AND TRIPS</b> SIGN		<b>SWIMMING</b> N/A
<b>TRANSPORTATION BY FACILITY</b> N/A		<b>WADING</b> N/A

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**