

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
ADDRESS		
MOTHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
FATHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
EMERGENCY CONTACT PERSON(S)		PHONE NUMBER WHEN CHILD IS IN CARE
1		
2		
3		
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	PHONE NUMBER
1		
2		
3		
NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER		PHONE NUMBER
PROVIDER ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTIONS)
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)
PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY FACILITY		WADING

SIGNATURE OF PARENT OF GUARDIAN

DATE

SIGNATURE OF PARENT OF GUARDIAN

DATE