

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		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		MOBILE TELEPHONE NUMBER
E-MAIL ADDRESS		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		MOBILE TELEPHONE NUMBER
E-MAIL ADDRESS		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)		
NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
PERSON(S) TO WHOM CHILD MAY BE RELEASED		
<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER WHEN CHILD IS IN CARE</u>
<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER WHEN CHILD IS IN CARE</u>
<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER WHEN CHILD IS IN CARE</u>
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		<u>ALLERGIES (INCLUDING MEDICATION REACTIONS)</u>
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		
<u>OBTAINING EMERGENCY MEDICAL CARE</u>		<u>ADMIN. OF MINOR FIRST - AID PROCEDURES</u>
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE