

EMERGENCY CONTACT/ PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182: 3280124 (a)(b), 3280.181 & 182: 3290.124 (a)(b). 3290.181 & .182

CHILD'S NAME		BIRTHDATE	
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS		CELL PHONE NUMBER	
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS		EMAIL	
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS		CELL PHONE NUMBER	
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS		EMAIL	
EMERGENCY CONTACT PERSON(S) NAME AND TELEPHONE NUMBER REQUIRED. MORE MAY BE LISTED ON THE REVERSE IF NEEDED. AT LEAST ONE CONTACT REQUIRED.			
(1) NAME		(1) TELEPHONE NUMBER WHEN CHILD IS IN CARE	
(2) NAME		(2) TELEPHONE NUMBER WHEN CHILD IS IN CARE	
PERSONS TO WHOM CHILD MAY BE RELEASED NAME AND TELEPHONE NUMBER REQUIRED. MORE MAY BE LISTED ON THE REVERSE IF NEEDED. AT LEAST TWO CONTACTS REQUIRED.			
(1) NAME	(1) ADDRESS	(1) TELEPHONE NUMBER WHEN CHILD IS IN CARE	
(2) NAME	(2) ADDRESS	(2) TELEPHONE NUMBER WHEN CHILD IS IN CARE	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		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 FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
PARENT'S 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	<input type="checkbox"/>
TRANSPORTATION BY THE FACILITY		WADING	<input type="checkbox"/>

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE