

Please fill out EVERY block completely. N/A is not acceptable. ☺

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 TELEPHONE NUMBER | |
| ADDRESS | | | |
| BUSINESS NAME | | BUSINESS TELEPHONE NUMBER | |
| ADDRESS | | | |
| FATHER'S NAME/LEGAL GUARDIAN | | HOME TELEPHONE NUMBER | |
| ADDRESS | | | |
| BUSINESS NAME | | BUSINESS TELEPHONE NUMBER | |
| ADDRESS | | | |
| EMERGENCY CONTACT PERSON(S) | NAME | TELEPHONE NUMBER WHEN CHILD IS IN CARE | |
| | | | |
| | | | |
| PERSON(S) TO WHOM CHILD MAY BE RELEASED | NAME | ADDRESS | 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 | | |
| <input checked="" type="checkbox"/> WALKS AND TRIPS | <input checked="" type="checkbox"/> SWIMMING | | |
| <input checked="" type="checkbox"/> TRANSPORTATION BY THE FACILITY | <input type="checkbox"/> WADING | | |

PERIODIC REVIEW

X _____
SIGNATURE OF PARENT or GUARDIAN

X _____
DATE

SIGNATURE OF PARENT or GUARDIAN

DATE