

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

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| 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) |
| SIGNATURES OF PARENTS ARE REQUIRED TO BE OBTAINED FROM BOTH PARENTS UNLESS OTHERWISE SPECIFIED | | |
| 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