

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

Update this form every 6 months or sooner if information changes

| | | |
|---|---|---------------------------------------|
| CHILD'S NAME | | BIRTHDATE |
| ADDRESS | | |
| MOTHER'S NAME/ LEGAL GUARDIAN | | HOME TELEPHONE NUMBER |
| ADDRESS | | |
| BUSINESS NAME | | BUSINESS TELEPHONE NUMBER |
| ADDRESS | | |
| CELL NUMBER: | | |
| FATHER'S NAME/ LEGAL GUARDIAN | | HOME TELEPHONE NUMBER |
| ADDRESS | | |
| BUSINESS NAME | | BUSINESS TELEPHONE NUMBER |
| ADDRESS | | |
| CELL NUMBER: | | |
| EMERGENCY CONTACT PERSON(S) - NAME ADDRESS 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 DEITARY 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 ROURIED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT | | |
| OBTAINING EMERGENCY MEDICAL CARE | | ADMIN OF MINOR FIRST - AID PROCEDURES |
| WALKS AND TRIPS | SWIMMING | |
| TRANSPORTATION BY THE FACILITY | WADING | |

PERIODIC REVIEW ~ update this form every 6 months or sooner if information changes

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE