

# 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

<b>CHILD'S NAME</b>		BIRTHDAY
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>	CELL PHONE NUMBER	HOME TELEPHONE NUMBER
ADDRESS		EMAIL ADDRESS
PLACE OF EMPLOYMENT		WORK TELEPHONE NUMBER
EMPLOYMENT ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>	CELL PHONE NUMBER	HOME PHONE NUMBER
ADDRESS		EMAIL ADDRESS
PLACE OF EMPLOYMENT		WORK TELEPHONE NUMBER
EMPLOYMENT ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b> - NAME, ADDRESS (FOR ID PURPOSES), & TELEPHONE NUMBER WHEN CHILD IS IN CARE		
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (MEDICAL OR ENVIRONMENTAL - INCLUDING REACTION)	
MEDICAL or DIETARY INFORMATION (NECESSARY IN AN EMERGENCY SITUATION)	MEDICATION, SPECIAL SITUATION	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT (PLEASE SIGN ALL SIX BLOCKS)</b>		
OBTAINING EMERGENCY MEDICAL CARE	ADMINISTRATION OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

_____	_____
SIGNATURE OF PARENT or GUARDIAN	DATE
_____	_____
SIGNATURE OF PARENT or GUARDIAN	DATE

**PERIODIC REVIEWS** (SIGNATURE & DATE REQUIRED TO INDICATE THAT THIS FORM HAS BEEN REVIEWED):

_____	_____
SIGNATURE & DATE OF REVIEW	SIGNATURE & DATE OF REVIEW
_____	_____
SIGNATURE & DATE OF REVIEW	SIGNATURE & DATE OF REVIEW