



EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182

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|---|--|--|
| CHILD'S NAME | | Birthdate |
| Address | | Child Resides with: ___ Mother ___ Father ___ Other: _____ |
| MOTHER'S NAME / LEGAL GUARDIAN | | HOME PHONE |
| Address | | CELL PHONE |
| Business Name / Address | | BUSINESS PHONE |
| FATHER'S NAME / LEGAL GUARDIAN | | HOME PHONE |
| Address | | CELL PHONE |
| Business Name / Address | | BUSINESS PHONE |
| EMERGENCY CONTACT PERSON(S) | | Phone number(s) when child is in care |
| Name | | |
| | | |
| | | |
| PERSON(S) TO WHOM CHILD MAY BE RELEASED | | |
| Name | Address (required) | Phone number(s) when child is in care |
| | | |
| | | |
| | | |
| NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER | | |
| ADDRESS | | PHONE NUMBER |
| Special Disabilities (if any) | ALLERGIES (INCLUDING MEDICAL 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 (REQUIRED) | | |
| POLICY NUMBER (REQUIRED) | | |
| PARENT / GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT | | |
| OBTAINING EMERGENCY MEDICAL CARE | | ADMINISTRATION OF MINOR FIRST – AID PROCEDURES |
| WALKS & TRIPS | SWIMMING | WADING |
| TRANSPORTATION BY THE FACILITY (INCLUDING EMERGENCY EVACUATIONS) | | |

Signature of Parent / Guardian: _____ **Date:** _____

Periodic Review:

Signature of Parent / Guardian: _____ **Date:** _____