

EMERGENCY CONTACT/PARENTAL CONSENT FORM

PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & .182; 3280.124(a)(b); 3280.181 & .182; 3290.181 & .182

CHILD'S NAME	BIRTHDATE	
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER	
ADDRESS	CELL PHONE NUMBER	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER	
E-MAIL ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER	
ADDRESS	CELL PHONE NUMBER	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER	
E-MAIL 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}	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
(1) OBTAINING EMERGENCY MEDICAL CARE	(4) ADMIN. OF MINOR FIRST-AID PROCEDURES (bandaids)	
(2) WALKS AND TRIPS	SWIMMING N/A	
(3) TRANSPORTATION BY THE FACILITY (EMERGENCY)	WADING N/A	

PERIODIC REVIEW:	_____	_____
	SIGNATURE OF PARENT OR GUARDIAN	DATE
	_____	_____
	SIGNATURE OF PARENT OR GUARDIAN	DATE