



EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTER 3270.181 & 182: 3280.181 & 182: 3290.124 (a)(b). 3290.181 & .182

CHILD'S NAME			BIRTHDAY
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS		CELL NUMBER	
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS		E-MAIL ADDRESS	
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS		CELL NUMBER	
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS		E-MAIL ADDRESS	
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 DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		Allergies (including medication reaction)	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
PARENT'S SIGNATURE IS REQUIRED 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

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE