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

CHILDS NAME	**BIRTHDATE**
ADDRESS	
MOTHER'S NAME/LEGAL GUARDIAN	**HOME TELEPHONE NUMBER**
ADDRESS	**CELL PHONE NUMBER**
BUSINESS NAME	**BUSINESS NUMBER**
ADDRESS	
FATHER'S NAME/LEGAL GUARDIAN	**HOME TELEPHONE NUMBER**
ADDRESS	**CELL PHONE NUMBER**
BUSINESS NAME	
ADDRESS	
EMERGENCY CONTACT PERSON - NAME	**EMERGENCY CONTACT PERSON - NUMBER**
EMERGENCY CONTACT PERSON NAME	**EMERGENCY CONTACT PERSON - NUMBER**
PERSON(S) TO WHOM CHILD MAY BE RELEASED **(NAME, ADDRESS, & TELEPHONE NUMBER WHILE CHILD IS IN CARE)**	
1.	
2.	
3	
NAME OF CHILD'S PHYSICIAN	**TELEPHONE NUMBER**
ADDRESS	
ALLERGIES (INCLUDING MEDICATION REACTION)	**SPECIAL DISABILITIES**
MEDICAL/DIETARY INFORMATION NECESSARY IN EMERGENCY SITUATIONS	**MEDICATION/SPECIAL SITUATION**
NAME OF HEALTH INSURANCE COVERAGE FOR CHILD	**POLICY NUMBER**

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING MEDICAL CARE	**ADMINISTRATION OF MINOR FIRST-AID PROCEDURES**
WALKS AND TRIPS	**SWIMMING**
TRANSPORTATION BY FACILITY	**WADING**

PERIODIC REVIEW

SIGNATURE OF PARENT:	**DATE:**
SIGNATURE OF DIRECTOR:	**DATE:**