

# 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>  |             | <b>BIRTHDAY</b>                                  |
| ADDRESS  |             |  |
| <b>MOTHER'S NAME/LEGAL GUARDIAN</b>  |             | <b>HOME TELEPHONE NUMBER</b>                     |
| ADDRESS  |             |  |
| <b>BUSINESS NAME</b>   |             | <b>BUSINESS TELEPHONE NUMBER</b>                 |
| ADDRESS  |             |  |
| <b>FATHER'S NAME/LEGAL GUARDIAN</b>  |             | <b>HOME TELEPHONE NUMBER</b>                     |
| ADDRESS  |             |  |
| <b>BUSINESS NAME</b>   |             | <b>BUSINESS TELEPHONE NUMBER</b>                 |
| ADDRESS  |             |  |
| <b>EMERGENCY CONTACT PERSON(S)</b>   | <b>NAME</b> | <b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>    |
|  |             |  |
|  |             |  |
| <b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>   | <b>NAME</b> | <b>ADDRESS</b>                                   |
| <b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>  |             |  |
|  |             |  |
|  |             |  |
| <b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>                                 |             | <b>TELEPHONE NUMBER</b>                          |
| ADDRESS  |             |  |
| <b>SPECIAL DISABILITIES (IF ANY)</b>   |             | <b>ALLERGIES (INCLUDING MEDICATION REACTION)</b> |
| <b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>              |             | <b>MEDICATION, SPECIAL SITUATION</b>             |
| <b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>                                |             |  |
| <b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b>              |             | <b>POLICY NUMBER (REQUIRED)</b>                  |
| <b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b> |             |  |
| <b>OBTAINING EMERGENCY MEDICAL CARE</b>  |             | <b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>      |
| WALKS AND TRIPS  |             | SWIMMING   |
| TRANSPORTATION BY THE FACILITY   |             | WADING   |

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE