

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124(a)(b), 3290.181 & 182; 3290.124(a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		WORK NUMBER
FATHER'S NAME/LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		WORK NUMBER
EMERGENCY CONTACT PERSON(S) / RELATIONSHIP TO CHILD		PHONE NUMBER for contact during the time child is in care.
1.		
2.		
3.		
4.		
PERSON(S) TO WHOM THE CHILD MAY BE RELEASED	ADDRESS	PHONE NUMBER
1.		
2.		
3.		
4.		
NAME OF CHILD'S PHYSICIAN/MEDICAL PROVIDER		PHONE NUMBER
PROVIDER ADDRESS		HOSPITAL CHOICE
SPECIAL DISABILITIES		ALLERGIES (including medication reactions)
MEDICAL / DIETARY INFO NECESSARY IN EMERGENCY SITUATION		MEDICATIONS / SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF A CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (Required)
PARENT SIGNATURE IS REQUIRED for each item below to indicate parental consent.		
OBTAINING EMERGENCY MEDICAL CARE	ADMINISTRATION of MINOR FIRST AID PROCEDURES	
WALKS and TRIPS	SWIMMING -----N/A-----	
TRANSPORTATION (By the school district , any other will need further permission)	WADING -----N/A-----	

PARENT/GUARDIAN SIGNATURE

DATE

****RENEWAL:** The parent signature below confirms that the information listed above is correct and up-to-date.

RENEWAL: PARENT/GUARDIAN SIGNATURE

DATE