

# 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>BIRTHDATE</b>
<b>ADDRESS</b>		
<b>MOTHER'S NAME/ LEGAL GUARDIAN</b>		<b>HOME NUMBER</b>
<b>ADDRESS</b>		<b>CELL NUMBER</b>
<b>BUSINESS NAME</b>		<b>WORK NUMBER</b>
<b>BUSINESS ADDRESS</b>		<b>EMAIL ADDRESS</b>
<b>FATHER'S NAME/ LEGAL GUARDIAN</b>		<b>HOME NUMBER</b>
<b>ADDRESS</b>		<b>CELL NUMBER</b>
<b>BUSINESS NAME</b>		<b>WORK NUMBER</b>
<b>BUSINESS ADDRESS</b>		<b>EMAIL ADDRESS</b>
<b>EMERGENCY CONTACT PERSON(S)</b>		<b>PHONE NUMBER WHEN CHILD IS IN CARE</b>
1		
2		
3		
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
1		
2		
3		
<b>NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER</b>		<b>PHONE NUMBER</b>
<b>PROVIDER ADDRESS</b>		
<b>SPECIAL DISABILITIES (IF ANY)</b>		<b>ALLERGIES (INCLUDING MEDICATION REACTIONS)</b>
<b>MEDICAL/ DIETARY INFO NECESSARY IN EMERGENCY SITUATION</b>		<b>MEDICATIONS/SPECIAL CONDITIONS</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 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>
<b>WALKS AND TRIPS</b>		<b>SWIMMING</b>
<b>TRANSPORTATION BY FACILITY</b>		<b>WADING</b>

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SIGNATURE OF PARENT OF GAURDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OF GAURDIAN

\_\_\_\_\_  
DATE