

# 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>	
<b>WALKS AND TRIPS</b>		<b>SWIMMING</b>	
<b>TRANSPORTATION BY THE FACILITY</b>		<b>WADING</b>	

**PERIODIC REVIEW**

SIGNATURE OF PARENT or GUARDIAN	DATE
SIGNATURE OF PARENT or GUARDIAN	DATE

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)