

## Emergency Contact / Parental Consent Form

55 PA CODE CHAPTERS 3270.124(A0)(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>
ADDRESS	
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>	<b>HOME TEL NUMBER</b>
ADDRESS	CELL NUMBER
<b>BUSINESS NAME</b>	<b>WORK NUMBER</b>
ADDRESS	
<b>FATHER'S NAME/LEGAL GUARDIAN</b>	<b>HOME TEL NUMBER</b>
ADDRESS	CELL NUMBER
<b>BUSINESS NAME</b>	<b>WORK NUMBER</b>
ADDRESS	
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>NAME</b> <span style="float: right;"><b>TELEPHONE NUMBER</b></span>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b> <span style="margin-left: 50px;"><b>ADDRESS</b></span> <span style="float: right;"><b>TELEPHONE NUMBER</b></span>
<b>CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>	<b>TELEPHONE NUMBER</b>
ADDRESS	
<b>SPECIAL DISABILITIES</b>	<b>ALLERGIES (INCLUDE MEDICAL REACTION)</b>
<b>MEDICAL OR DIETARY INFO IN AN EMERGENCY SITUATION</b>	<b>MEDICATION, SPECIAL CONDITIONS</b>
<b>ADDITIONAL INFO ON SPECIAL NEEDS OF CHILD</b>	
<b>HEALTH INSURANCE COVERAGE/MEDICAL ASSISTANCE BENEFITS</b>	<b>POLICY NUMBER (REQUIRED)</b> <span style="margin-left: 20px;"><b>GROUP NUMBER</b></span>
<b>PARENTS 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>

**PERIODIC REVIEW EVERY 6 MONTHS**

\_\_\_\_\_  
PARENT SIGNATURE DATE

\_\_\_\_\_  
PARENT SIGNATURE DATE

\_\_\_\_\_  
PARENT SIGNATURE DATE

\_\_\_\_\_  
PARENT SIGNATURE DATE