

Do not use  
"same as  
above"

# 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

Update this form every 6 months or sooner if information changes

Complete  
ALL areas

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
ADDRESS		
<b>MOTHER'S NAME/ LEGAL GUARDIAN</b>		<b>EMAIL ADDRESS</b>
ADDRESS <small>Must list - do not use "same as above"</small>		HOME TELEPHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>FATHER'S NAME/ LEGAL GUARDIAN</b>		<b>CELL NUMBER:</b>
<b>EMAIL ADDRESS</b>		HOME TELEPHONE NUMBER
ADDRESS <small>Must list - do not use "same as above"</small>		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b> - NAME		<b>CELL NUMBER:</b>
<small>Complete this area</small>	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b> - NAME		<b>CELL NUMBER:</b>
<small>Complete this area</small>	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
<small>Complete this area</small>		<small>Complete this area</small>
Physician ADDRESS <small>Complete this area</small>		
<b>SPECIAL DISABILITIES (IF ANY)</b> <small>Complete this area</small>	<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b> <small>Complete this area</small>	
<b>MEDICAL OR DEITARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b> <small>Complete this area</small>	<b>MEDICATION - SPECIAL CONDITIONS</b> <small>Complete this area</small>	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD <small>Complete this area</small>		
<b>HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS</b> <small>Complete this area</small>	<b>POLICY NUMBER (REQUIRED)</b> <small>Complete this area</small>	
<b>PARENT'S SIGNATURE IS RQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b> Sign	<b>ADMIN OF MINOR FIRST - AID PROCEDURES</b> Sign	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

**PERIODIC REVIEW ~ update this form every 6 months or sooner if information changes**

Sign x \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN DATE