

# 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>		DATE OF BIRTH
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		PRIMARY TELEPHONE NUMBER
ADDRESS		EMAIL ADDRESS
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		PRIMARY TELEPHONE NUMBER
ADDRESS		EMAIL ADDRESS
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>		
NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>		
NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<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>
WALKS AND TRIPS		PHOTO/VIDEO/SOCIAL MEDIA RELEASE
TRANSPORTATION BY THE FACILITY		SUNSCREEN APPLICATION CONSENT

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE