

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

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE
BUSINESS NAME <i>2nd BUSINESS</i>		BUSINESS TELEPHONE NUMBER
ADDRESS <i>2nd ADDRESS</i>		BUSINESS NUMBER 2
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE
BUSINESS NAME <i>1st BUSINESS</i> <i>2nd BUSINESS</i>		BUSINESS TELEPHONE NUMBER
ADDRESS <i>1st ADDRESS</i> <i>2nd ADDRESS</i>		BUSINESS NUMBER 2
EMERGENCY CONTACT PERSON(S) AND TO WHOM CHILD MAY BE RELEASED		
NAME (S)		HOME TELEPHONE NUMBER / CELLPHONE
ADDRESS		SPOUSE CELL BUSINESS TELEPHONE NUMBER
NAME (S)		HOME TELEPHONE NUMBER / CELLPHONE
ADDRESS		SPOUSE CELL BUSINESS TELEPHONE NUMBER
PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED		
NAME (S)		HOME TELEPHONE NUMBER / CELLPHONE
ADDRESS		SPOUSE CELL BUSINESS TELEPHONE NUMBER
NAME (S)		HOME TELEPHONE NUMBER / CELLPHONE
ADDRESS		SPOUSE CELL BUSINESS TELEPHONE NUMBER
NAME (S)		HOME TELEPHONE NUMBER / CELLPHONE
ADDRESS		SPOUSE CELL BUSINESS TELEPHONE NUMBER
NAME (S)		HOME TELEPHONE NUMBER / CELLPHONE
ADDRESS		SPOUSE CELL BUSINESS TELEPHONE NUMBER
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION. SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS		SWIMMING N/A
TRANSPORTATION BY THE FACILITY / EMERGENCY		WADING / WATER PLAY
PERIODIC REVIEW		PICTURES

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE