

## 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>		BIRTHDATE
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		EMAIL ADDRESS
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		EMAIL ADDRESS
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS
<b>NAME OF CHILD'S PHYSICAL/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		ALLERGIES (INCLUDING MEDICATION REACTION)
SPECIAL DISABILITIES (IF ANY)		MEDICATION, SPECIAL CONDITIONS
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		DOES YOUR CHILD HAVE AN IEP/IFSP? <b>YES      NO</b>
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENT CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING
		PHOTO RELEASE

**PERIODIC REVIEW**

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

\_\_\_\_\_ DATE

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

\_\_\_\_\_ DATE