

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

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|---|------|---|
| CHILD'S NAME | | BIRTHDATE |
| ADDRESS | | |
| MOTHER'S NAME/LEGAL GUARDIAN | | HOME TELEPHONE NUMBER |
| ADDRESS | | CELL PHONE NUMBER |
| BUSINESS NAME | | BUSINESS TELEPHONE NUMBER |
| ADDRESS | | EMAIL ADDRESS |
| FATHER'S NAME/LEGAL GUARDIAN | | HOME TELEPHONE NUMBER |
| ADDRESS | | CELL PHONE NUMBER |
| BUSINESS NAME | | BUSINESS TELEPHONE NUMBER |
| ADDRESS | | EMAIL ADDRESS |
| EMERGENCY CONTACT PERSON(S) | NAME | TELEPHONE NUMBER WHEN CHILD IS IN CARE |
| | | |
| | | |
| PERSON(S) TO WHOM CHILD MAY BE RELEASED | NAME | ADDRESS |
| | | TELEPHONE NUMBER WHEN CHILD IS IN CARE |
| | | |
| NAME OF CHILD'S PHYSICAL/MEDICAL CARE PROVIDER | | 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? YES NO |
| HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS | | POLICY NUMBER (REQUIRED) |
| PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENT CONSENT | | |
| OBTAINING EMERGENCY MEDICAL CARE | | ADMIN. OF MINOR FIRST-AID PROCEDURES |
| 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