

# EMERGENCY CONTACT/PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182: 3280124 (a)(b), 3280.181 & .182 : 3290.124 (a)(b), 3290.181 & .182

<b>CHILD'S NAME</b>		BIRTHDATE
ADDRESS		
<b>PARENT/LEGAL GUARDIAN #1</b>		HOME TELEPHONE NUMBER
Address		CELL TELEPHONE NUMBER
EMAIL Address		Cell Phone Carrier - to receive text messages
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>PARENT/LEGAL GUARDIAN #2</b>		HOME TELEPHONE NUMBER
Address		CELL TELEPHONE NUMBER
EMAIL Address		Cell Phone Carrier - to receive text messages
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME		
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED (NAME &amp; ADDRESS)</b>		TELEPHONE NUMBER WHEN CHILD IS IN CARE
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
		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 CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS - on grounds only		WADING - sprinkler only
TRANSPORTATION BY THE FACILITY - emergency only		
SIGNATURE OF PARENT or GUARDIAN		DATE
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03891A	ORIGINAL	CY 867 - 1193