

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55PA 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:
Home Address:		
<b>Mother's Name:</b>		Email:
Home Address:		
Work Name:		
Work Address:		
Home Phone:	Work Phone:	Cell Phone:
<b>Father's Name:</b>		Email:
Home Address:		
Work Name:		
Work Address:		
Home Phone:	Work Phone:	Cell Phone:
<b>Emergency Contact Person(s) Name</b>	Relationship to Child:	Daytime Phone:
1.		
2.		
3.		
<b>Person(s) to Child May Be Released</b>	Address:	Daytime Phone:
1.		
2.		
3.		
<b>Child's Physician or Medical Care Provider</b>		Phone:
Address:		
Special Disabilities (If Any)		Allergies including Medications
Medical or Dietary information necessary in an Emergency		Medication or Special Conditions
Additional Information on Special Needs of Child		
Health Insurance Company		Policy # Required
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
<b>Obtaining Emergency Medical Care – Required</b>		<b>Administration Of Minor First Aid Procedures - Required</b>
Walks And Trips		Swimming
Transportation By The Facility		Wading

## PERIODIC REVIEW

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SIGNATURE OF PARENT OR GAURDIAN                      DATE

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SIGNATURE OF PARENT OR GAURDIAN                      DATE

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SIGNATURE OF PARENT OR GAURDIAN                      DATE

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SIGNATURE OF PARENT OR GAURDIAN                      DATE