

Do not use
"same as
above"

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

Update this form every 6 months or sooner if information changes

Complete
ALL areas

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/ LEGAL GUARDIAN		EMAIL ADDRESS
HOME TELEPHONE NUMBER		
ADDRESS Must list - do not use "same as above"		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/ LEGAL GUARDIAN		CELL NUMBER:
EMAIL ADDRESS		HOME TELEPHONE NUMBER
ADDRESS Must list - do not use "same as above"		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S) - NAME		CELL NUMBER:
Complete this area	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED - NAME		CELL NUMBER:
Complete this area	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		TELEPHONE NUMBER
Complete this area		Complete this area
Physician ADDRESS Complete this area		
SPECIAL DISABILITIES (IF ANY) Complete this area	ALLERGIES (INCLUDING MEDICATION REACTION) Complete this area	
MEDICAL OR DEITARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION Complete this area	MEDICATION - SPECIAL CONDITIONS Complete this area	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD Complete this area		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS Complete this area	POLICY NUMBER (REQUIRED) Complete this area	
PARENT'S SIGNATURE IS RQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE Sign	ADMIN OF MINOR FIRST - AID PROCEDURES Sign	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW ~ update this form every 6 months or sooner if information changes

Sign x _____

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE