

# 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>		Child's Birthdate
<b>Mother's Name/Legal Guardian</b>		Home Phone
Home Address		Cell Phone
Business Name		Business Phone
Address	Email Address:	
<b>Father's Name/Legal Guardian</b>		Home Phone
Home Address		Cell Phone
Business Name		Business Phone
Address	Email Address:	
<b>Emergency Contact Person(s) – Name</b>		Phone Number When Child is in Care
<b>Person(s) To Whom Child May Be Released - Name and Address Required</b>		Phone Number When Child is in Care
<b>Name of Child's Physician:</b>		<b>Phone Number</b>
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		
<b>Health Insurance Coverage</b>	<b>Policy Number (Required)</b>	
<b>PARENT'S 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	Swimming	
Transportation by the Facility	Wading	

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Parent's Signature

\_\_\_\_\_

Date

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Parent's Signature (6 Month Review)

\_\_\_\_\_

Date