**EMERGENCY CONTACT / PARENTAL CONSENT FORM**

**55 PA CHAPTERS 3270.124(a)(b), 3270.181 & .182: 3280.124 (a)(b), 3280.181 & .102: 3290.124 (a)(b), 3290.181 & .182**

**\*Please fill out completely – no blanks (Mark n/a if does not apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILD’S NAME** | | | | **BIRTHDATE** |
| **ADDRESS** | | | | |
| **MOTHER’S NAME/LEGAL GUARDIAN** | | | **HOME TELEPHONE NUMBER** | |
| **ADDRESS** | | | | |
| **BUSINESS NAME** | | | **BUSINESS TELEPHONE NUMBER** | |
| **ADDRESS** | | | | |
| **FATHER’S NAME/LEGAL GUARDIAN** | | | **HOME TELEPHONE NUMBER** | |
| **ADDRESS** | | | | |
| **BUSINESS NAME** | | | **BUSINESS TELEPHONE NUMBER** | |
| **ADDRESS** | | | | |
| **EMERGENCY CONTACT PERSON(S) NAME TELEPHONE NUMBER WHEN CHILD IS IN CARE** | | | | |
|  | | | | |
|  | | | | |
| **PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME TELEPHONE NUMBER WHEN CHILD IS IN CARE** | | | | |
| **ADDRESS** | | | | |
|  | | | | |
| **NAME OF CHILD’S PHYSICIAN/MEDICAL CARE PROVIDER** | | | **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)** | | |
| **PARENT’S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT** | | | | |
| **OBTAINING EMERGENCY MEDICAL CARE** | **ADMIN. OF MINOR FIRST-AID PROCEDURES** | | | |
| **WALKS AND TRIPS** | **SWIMMING** | | | |
| **TRANSPORTATION BY THE FACILITY** | **WADING** | | | |

**PERIODIC REVIEW**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARENT or GUARDIAN DATE**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARENT or GUARDIAN DATE**