**EMERGENCY CONTACT/ PARENTAL CONSENT FORM**

55 PA Code Chapters 3270.124(a)(b), 3270.181 & 182

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| **CHILD’S NAME** | **BIRTHDATE** |
| ADDRESS | **HOME PHONE NUMBER** |
| **MOTHER/LEGAL GUARDIAN NAME** | **CELL PHONE NUMBER** |
| **ADDRESS** | **E-MAIL** |
| BUSINESS NAME | BUS. PHONE NUMBER |
| BUSINESS ADDRESS | |
| **FATHER/LEGAL GUARDIAN NAME** | **CELL PHONE NUMBER** |
| **ADDRESS** | **E-MAIL** |
| BUSINESS NAME | BUS. PHONE NUMBER |
| BUSINESS ADDRESS | |

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| **EMERGENCY CONTACT PERSONS – NAME / RELATIONSHIP** | | **PHONE NUMBER WHEN CHILD IS IN CARE** | |
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| **PERSONS TO WHOM CHILD MAY BE RELAEASED – NAME** | **ADDRESS** | | **PHONE NUMBER WHEN CHILD IS IN CARE** |
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| **NAME OF CHILD’S PHYSICIAN/ MEDICAL CARE PROVIDER** | **TELEPHONE NUMBER** |
| ADDRESS | |

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| 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 OR MEDICAL ASSISTANCE BENEFITS | POLICY NUMBER (REQUIRED) |

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| **PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT** | |
| OBTAINING EMERGENCY MEDICAL CARE | ADMINISTRATION OF MINOR FIRST AID PROCEDURES |
| WALKS AND TRIPS | SWIMMING – **NOT APPLICABLE** |
| TRANSPORTATION BY THE FACILITY | WADING – **NOT APPLICABLE** |

**PERIODIC REVIEW:**

**SIGNATURE OF PARENT OR GUARDIAN: DATE:**