

6001 Germantown Avenue
Philadelphia, PA 19144



215-843-8299
www.Miss-Martys.com

EMERGENCY CONTACT/ PARENTAL CONSENT FORM

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

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	

EMERGENCY CONTACT PERSONS – NAME / RELATIONSHIP		PHONE NUMBER WHEN CHILD IS IN CARE
PERSONS TO WHOM CHILD MAY BE RELAEASED – NAME	ADDRESS	PHONE NUMBER WHEN CHILD IS IN CARE

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 OR MEDICAL ASSISTANCE BENEFITS *	POLICY NUMBER (REQUIRED) *

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

PERIODIC REVIEW:

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

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