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

CHILD'S NAME		BIRTH DATE	
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN	HOME TEL	HOME TELEPHONE NUMBER	
E-MAIL ADDRESS	MOBILE TE	LEPHONE NUMBER	
ADDRESS			
BUSINESS NAME	BUSINESS	TELEPHONE NUMBER	
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN	HOME TEL	EPHONE NUMBER	
E-MAIL ADDRESS	MOBILE TE	LEPHONE 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	ADDRESS TELEPHONE NUMBER	WHEN CHILD IS IN CARE	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHON	IE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION F	REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)		
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PAR OBTAINING EMERGENCY MEDICAL CARE		L CONSENT ADMIN. OF MINOR FIRST - AID PROCEDURES	
OBTAINING LINERGENOT MEDICAL CARE			
WALKS AND TRIPS	SWIMMING	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING		
PERIODIC REVIEW	1		
SIGNATURE OF PARENT OR GUARDIAN		DATE	
SIGNATURE OF PARENT OR GUARDIAN		DATE	