

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55PA 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:		Birthdate:
Home Address:		
Mother's Name:		Email:
Home Address:		
Work Name:		
Work Address:		
Home Phone:	Work Phone:	Cell Phone:
Father's Name:		Email:
Home Address:		
Work Name:		
Work Address:		
Home Phone:	Work Phone:	Cell Phone:
Emergency Contact Person(s) Name	Relationship to Child:	Daytime Phone:
1.		
2.		
3.		
Person(s) to Child May Be Released	Address:	Daytime Phone:
1.		
2.		
3.		
Child's Physician or Medical Care Provider		Phone:
Address:		
Special Disabilities (If Any)		Allergies including Medications
Medical or Dietary information necessary in an Emergency		Medication or Special Conditions
Additional Information on Special Needs of Child		
Health Insurance Company		Policy # Required
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
Obtaining Emergency Medical Care – Required		Administration Of Minor First Aid Procedures - Required
Walks And Trips		Swimming
Transportation By The Facility		Wading

PERIODIC REVIEW

SIGNATURE OF PARENT OR GAURDIAN DATE

SIGNATURE OF PARENT OR GAURDIAN DATE

SIGNATURE OF PARENT OR GAURDIAN DATE

SIGNATURE OF PARENT OR GAURDIAN DATE