

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

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|--|--|---|
| CHILD'S NAME | | BIRTHDAY |
| 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 |
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| | | |
| PERSON(S) TO WHOM CHILD MAY BE RELEASED | NAME | 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 SITUATION | |
| 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

| | |
|---------------------------------|------|
| SIGNATURE OF PARENT or GUARDIAN | DATE |
| SIGNATURE OF PARENT or GUARDIAN | DATE |

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)