

# 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

|  |      |   |  |
|--|------|---|--|
| <b>CHILD'S NAME</b>  |      | DATE OF BIRTH                             |  |
| ADDRESS  |      |   |  |
| <b>PARENT'S NAME/LEGAL GUARDIAN</b>  |      | HOME TELEPHONE NUMBER<br>( )              |  |
| ADDRESS  |      |   |  |
| BUSINESS NAME  |      | BUSINESS TELEPHONE NUMBER                 |  |
| ADDRESS  |      |   |  |
| <b>PARENT'S NAME/LEGAL GUARDIAN</b>  |      | HOME TELEPHONE NUMBER                     |  |
| ADDRESS  |      |   |  |
| BUSINESS NAME  |      | BUSINESS TELEPHONE NUMBER                 |  |
| ADDRESS  |      |   |  |
| <b>EMERGENCY CONTACT PERSON(S)</b>   | NAME | TELEPHONE NUMBER WHEN CHILD IS IN CARE    |  |
|  |      |   |  |
|  |      |   |  |
| <b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>   | NAME | ADDRESS                                   | TELEPHONE NUMBER WHEN CHILD IS IN CARE |
|  |      |   |  |
|  |      |   |  |
| <b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>                                 |      |   | 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)                  |  |
| <b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b> |      |   |  |
| 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)