

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & 182; 3290.181 & 182

<b>CHILD'S NAME</b>		BIRTHDAY
ADDRESS		
<b>MOTHER'S NAME / LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>FATHER'S NAME / LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON (S)</b>		TELEPHONE NUMBER WHEN CHILD IS IN CARE
1.		
2.		
3.		
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
1.		
2.		
3.		
<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 A CHILD		
HEALTH INSURANCE COVERAGE FOR A 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 FACULTY		WADING

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

## PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE