## **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				DATE OF BIRTH	
ADDDECO					
ADDRESS					
PARENT'S NAME/LEGAL GUARDIAN			HOME TELEPHO	ONE NUMBER	
			( )	( )	
ADDRESS					
BUSINESS NAME			BUSINESS TELI	BUSINESS TELEPHONE NUMBER	
ADDRESS					
PARENT'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER		
ADDRESS					
BUSINESS NAME			BUSINESS TELI	BUSINESS TELEPHONE NUMBER	
ADDRESS					
EMERGENCY CONTACT PERSON(S)  NAME			TELEPHONE NUMBE	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			TELEPHONE NUMBER		
ADDRESS					
SPECIAL DISABILITIES (IF ANY)  ALLERGIES (INCLU			CLUDING MEDICATION	UDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION MEDIC			EDICATION, 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 PROC	CEDURES	
WALKS AND TRIPS	SWIMMING	SWIMMING			
TRANSPORTATION BY THE FACILITY	WADING				
PERIODIC REVIEW					
SIGNATURE OF PARENT or GUARDIAN				DATE	
SIGNATURE OF DADENT OF CHARDIAN				DATE	

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)