

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		
ADDRESS					
PARENT'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER		
ADDRESS					
BUSINESS NAME			BUSINESS TELEPHONE NUMBER		
ADDRESS					
PARENT'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		
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 (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					
			ADMIN. OF MINOR FIRST-AID PROCEDURES		
WALKS on PROPERTY			OBTAINING EMERGENCY MEDICAL CARE		
TRANSPORTATION BY THE FACILITY in EMERGENCY			WATER PLAY (water table, slip & slide, sprinkler)		

PERIODIC REVIEW (Signature REQUIRED ~SEPTEMBER and JANUARY)

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

