

## 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	Birthdate
Address	Email Address
Mother's Name/Legal Guardian	Home Phone
Home Address	Cell Phone
Business Name/Address	Business Phone
Father's Name/Legal Guardian	Home Phone
Home Address	Cell Phone
Business Name/Address	Business Phone
<b>Emergency Contact Person (s) - Name</b>	<b>Phone Number when child is in care</b>
1).	
2).	
3).	
<b>Person(s) to Whom Child may be released - Name/Address</b>	<b>Phone Number when child is in care</b>
1).	
2).	
3).	
Name of Child's Physician/Medical Care Provider	Phone Number
Address	
Special Disabilities (if any)	Allergies (including medicine reaction)
Medical or Dietary Information Necessary in an Emergency Situation	Medication/Special Conditions
Additional Information on Special Needs of Child	
Health Insurance Coverage for Child or Medical Assistance Benefits	Policy Number <i>(Required)</i>
<b>PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE</b>	<b>PARENTAL CONSENT</b>
Obtaining Emergency Medical Care	Administration of Minor First Aid Procedures
Walks and Trips	Swimming
Transportation by the Facility	Wading

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date