

# 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

|                                                                                        |                                     |                                           |
|----------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|
| CHILD'S NAME                                                                           |                                     | BIRTHDATE                                 |
| ADDRESS                                                                                |                                     |                                           |
| PRIMARY SPONSER NAME/LEGAL GUARDIAN                                                    |                                     | HOME TELEPHONE NUMBER                     |
| ADDRESS                                                                                |                                     | CELL PHONE                                |
| BUSINESS NAME                                                                          |                                     | BUSINESS TELEPHONE NUMBER                 |
| ADDRESS                                                                                |                                     | EMAIL                                     |
| SECONDARY SPONSER NAME/LEGAL GUARDIAN                                                  |                                     | HOME TELEPHONE NUMBER                     |
| ADDRESS                                                                                |                                     | CELL PHONE                                |
| BUSINESS NAME                                                                          |                                     | BUSINESS TELEPHONE NUMBER                 |
| ADDRESS                                                                                |                                     | EMAIL                                     |
| EMERGENCY CONTACT PERSON(S)                                                            | NAME                                | TELEPHONE NUMBER WHEN CHILD IS IN CARE    |
|                                                                                        |                                     |                                           |
|                                                                                        |                                     |                                           |
| PERSON(S) TO WHOM CHILD MAY BE RELEASED                                                | NAME                                | ADDRESS                                   |
|                                                                                        |                                     |                                           |
|                                                                                        |                                     |                                           |
| NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER                                       |                                     | TELEPHONE NUMBER                          |
| ADDRESS                                                                                |                                     |                                           |
| SPECIAL DISABILITIES (IF ANY)                                                          |                                     | ALLERGIES (INCLUDING MEDICATION REACTION) |
| MEDICAL OR DIETARY INFO 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 (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 |  |