

# 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
MOTHER'S NAME/LEGAL GUARDIAN	Home Phone
ADDRESS	
Business Name	Cell Phone
Address	Business Phone
FATHER'S NAME/LEGAL GUARDIAN	Home Phone
ADDRESS	
Business Name	Cell Phone
Address	Business Phone
EMERGENCY CONTACT PERSON (s) (list below)	Telephone number (when In care)
1	
2	
3	
Person (s) Whom Child May Be Released (list below)	Telephone number (when In care)
1	
2	
3	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	Physician Phone Number
ADDRESS	
Special Disabilities (if any)	All Allergies
Medical or Dietary Information necessary in an emergency situation	<i>Medications</i>
Additional Information on Special Needs of Child	
Health Insurance Coverage or Medical Assistance Benefits	Policy Number (required)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO</b>	<b>INDICATE PARENTAL CONSENT</b>
OBTAINING EMERGENCY MEDICAL CARE X	ADMIN. OF MINOR FIRST-AID PROCDS. X
TRANSPORTATION BY THE FACILITY IN CASE OF EMERGENCY X	WALKS . X
I allow child's photos(no names) to be displayed on facility web site X	I allow my child to participate in water play x
Signature of Parent or Guardian X	Date
6 Month Review	Date