

**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

<b>CHILD'S NAME:</b>	<b>BIRTHDATE:</b>
<b>ADDRESS:</b>	<b>GENDER:</b>
<b>MOTHER'S NAME / LEGAL GUARDIAN:</b>	<b>BIRTHDATE:</b>
ADDRESS:	HOME/CELL NUMBER:
BUSINESS NAME:	BUSINESS NUMBER
BUSINESS ADDRESS:	EMAIL:
<b>FATHER'S NAME / LEGAL GUARDIAN:</b>	<b>BIRTHDATE:</b>
ADDRESS:	HOME/CELL NUMBER:
BUSINESS NAME:	BUSINESS NUMBER
BUSINESS ADDRESS:	EMAIL:

<b>EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIANS)</b>		
NAME:	NUMBER WHERE THEY CAN BE REACHED:	RELATIONSHIP:

<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT/GUARDIANS AND EMERGENCY CONTACTS)</b>		
NAME:	NUMBER WHERE THEY CAN BE REACHED:	RELATIONSHIP:

<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>	<b>PHONE NUMBER:</b>
ADDRESS:	
SPECIAL DISABILITIES (IF ANY):	ALLERGIES (INCLUDING MEDICATION REACTIONS):
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY:	MEDICATION, SPECIAL CONDITIONS:
ADDITIONAL INFORMATION ON ANY SPECIAL NEEDS OF THE CHILD:	
HEALTH INSURANCE COVERAGE OR MEDICAL ASSISTANCE:	POLICY NUMBER (REQUIRED):

<b>PARENT/GUARDIAN'S SIGNITURE 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

<hr style="border: 1px solid black;"/> SIGNATURE OF PARENT/GUARDIAN	<hr style="border: 1px solid black;"/> DATE
<b>PERIODIC REVIEW (Every 6 Months)</b>	
<hr style="border: 1px solid black;"/> SIGNATURE OF PARENT/GUARDIAN	<hr style="border: 1px solid black;"/> DATE

**\*\*If additional space is needed for emergency contacts or people to be released please just flip form over**