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

Instructions: Please fill in every space. If no information is available for the line, please write N/A, none (or no to decent)

Child's Name	Birthdate
Address	

Parent 1 Name/Legal Guardian	Home Telephone Number
Address	
Employer Name	Business Telephone Number
Address	

Parent 2 Name/Legal Guardian	Home Telephone Number
Address	
Employer Name	Business Telephone Number
Address	

Emergency Contact Person(s) Name	Address	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 conditions
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	
Obtaining Emergency Medical Care	Admin. Of Minor First – Aid Procedures
Walks and Trips	Swimming
Transportation by the Facility	Wading

Periodic Review (every 6 months)

All information is correct as written as of _____, Signed _____

                         Date   Signature of Parent/Guardian

All information is correct as written as of _____, Signed _____

                         Date   Signature of Parent/Guardian

Periodic Review Continued:

All information is correct as written as of _____, Signed _____
                                      Date   Signature of Parent/Guardian

All information is correct as written as of _____, Signed _____
                                        Date   Signature of Parent/Guardian

All information is correct as written as of _____, Signed _____
                                        Date   Signature of Parent/Guardian

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