

# 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>  |      | BIRTHDATE                                 |  |
| ADDRESS  |      |   |  |
| <b>PARENT #1 NAME/LEGAL GUARDIAN</b>   |      | HOME TELEPHONE NUMBER                     |  |
| ADDRESS  |      | CELL PHONE NUMBER                         |  |
| BUSINESS NAME  |      | BUSINESS TELEPHONE NUMBER                 |  |
| BUSINESS ADDRESS   |      | HOME EMAIL ADDRESS                        |  |
| <b>PARENT #2 NAME/LEGAL GUARDIAN</b>   |      | HOME TELEPHONE NUMBER                     |  |
| ADDRESS  |      | CELL PHONE NUMBER                         |  |
| BUSINESS NAME  |      | BUSINESS TELEPHONE NUMBER                 |  |
| BUSINESS ADDRESS   |      | HOME EMAIL ADDRESS                        |  |
| <b>EMERGENCY CONTACT PERSON(S)</b>   | NAME | TELEPHONE NUMBER WHEN CHILD IS IN CARE    |  |
|  |      |   |  |
|  |      |   |  |
| <b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>   | NAME | ADDRESS                                   | TELEPHONE NUMBER WHEN CHILD IS IN CARE |
|  |      |   |  |
|  |      |   |  |
|  |      |   |  |
| <b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER:</b>                                |      | TELEPHONE NUMBER                          |  |
| ADDRESS  |      |   |  |
| SPECIAL DISABILITIES (IF ANY)  |      | ALLERGIES (INCLUDING MEDICATION REACTION) |  |
| MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION                     |      | MEDIATION SPECIAL SITUATION               |  |
| 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 FACULTY:   |      | WADING:                                   |  |

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**6 MONTH PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE