

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
ADDRESS		
PARENT 1/LEGAL GUARDIAN NAME		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS		HOME EMAIL ADDRESS
PARENT 2/LEGAL GUARDIAN NAME		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS		HOME EMAIL ADDRESS
EMERGENCY CONTACT PERSON(S)	NAME	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 SITUATION
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 FACULTY:	WADING:	

SIGNATURE OF PARENT OR GUARDIAN	DATE
6 MONTH PERIODIC REVIEW	
SIGNATURE OF PARENT OR GUARDIAN	DATE