



## EMERGENCY CONTACT/PARENTAL CONSENT FORM

PA CODE CHAPTERS 3270.124(a)(b), 3280.124(a)(b), 280.181 & .182, 3290.124(a)(b), 3290.181 & .182

CHILD'S NAME		BIRTHDAY
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE
ADDRESS		
EMERGENCY CONTACT PERSON(S)		TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	<u>ADDRESS (to verify w/license)</u>	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER-
ADDRESS		
SPECIAL DISABILITIES (IF ANY) NOT REQUIRED FOR ENROLLMENT		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		<i>MEDICATION, IF APPLICABLE (SIGNATURE PLEASE)</i> **
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER ( <b>REQUIRED</b> )
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
Parental consent for <b>EMERGENCY MEDICAL CARE</b> for child *	<b>CONSENT FOR ADMIN. OF MINOR FIRST AID PROCEDURES</b> *	
Consent for PHOTOGRAPHS FOR USE IN CAS BUILDING & PR *	Consent for WALKS AND EXCURSIONS WITH NOTIFICATION *	
Consent for TRANSPORTATION BY THE FACILITY *	Parental Consent for SWIMMING and/or WADING *	

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SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

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\_\_\_\_\_  
(6 mos update) SIGNATURE OF PARENT/GUARDIAN

\*  
\_\_\_\_\_  
DATE