

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
MOTHER'S NAME/LEGAL GUARDIAN	Home Phone
ADDRESS	
Business Name	Cell Phone
Address	Business Phone
FATHER'S NAME/LEGAL GUARDIAN	Home Phone
ADDRESS	
Business Name	Cell Phone
Address	Business Phone
EMERGENCY CONTACT PERSON (s) (list below)	Telephone number (when In care)
1	
2	
3	
Person (s) To Whom Child May Be Released (list below) Address Required	Telephone number (when In care)
1	
2	
3	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	Physician Phone Number
ADDRESS	
Special Disabilities (if any)	All Allergies
Medical or Dietary Information necessary in an emergency situation	<i>Medications</i>
Additional Information on Special Needs of Child	
Health Insurance Coverage or Medical Assistance Benefits	Policy Number (required)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO	INDICATE PARENTAL CONSENT
OBTAINING EMERGENCY MEDICAL CARE X	ADMIN. OF MINOR FIRST-AID PROCDS. X
TRANSPORTATION BY THE FACILITY X	WALKS . X
I allow child's photos(no names) to be displayed on facility web site X	I allow my child to participate in water play x
Signature of Parent or Guardian X	Date
6 Month Review	Date