

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

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|--|---|
| 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 Address: | |
| 2 Address: | |
| 3 Address: | |
| 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 (required) | 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 |