

# 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>		<b>BIRTHDATE</b>
ADDRESS		
<b>MOTHER /LEGAL GUARDIAN</b>		<b>CELL NUMBER</b>
EMAIL ADRESS		
ADDRESS		<b>HOME NUMBER</b>
BUSINESS NAME		<b>WORK NUMBER</b>
<b>FATHER/LEGAL GUARDIAN</b>		<b>CELL NUMBER</b>
EMAIL ADDRESS		
ADDRESS		<b>HOME NUMBER</b>
BUSINESS NAME		<b>WORK NUMBER</b>
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>RELATION TO CHILD</b>	<b>CONTACT NUMBER</b>
1.		
2.		
3.		
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED/ ADDRESS</b>	<b>RELATION TO CHILD</b>	<b>CONTACT NUMBER</b>
1.		
2.		
3.		
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>PHONE NUMBER</b>
<b>PROVIDER'S ADDRESS</b>		
SPECIAL DISABILITIES( IF ANY)	<b>ALLERGIES (INCLUDING MEDICATION REACTIONS)</b>	
<b>MEDICAL/DIETERY INFO NECESSARY IN AN EMERGENCY SITUATION</b>	MEDICATIONS,SPECIAL CONDITIONS	
ADDITIONAL INFO ON SPECIAL NEEDS OF CHILD		
HEALTH <b>INSURANCE</b> COVERAGE/MEDICAL ASSISTANT BENEFITS	<b>POLICY NUMBER</b>	
<b>PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b> x	ADMIN. OF MINOR FIRST AID PROCEDURES x	
WALKS AND TRIPS x	SWIMMNG	N/A
TRANSPORTATION BY FACILITY x	WADING	N/A

x \_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

x \_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE