

# 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 & 18

Child's Name		Birthday
Address		
Mother's Name/Legal Guardian		Email Address
Address		Home Telephone #
Business Name		Cell Phone #
Business Address		Business Telephone #
Fathers's Name/Legal Guardian		Email Address
Address		Home Telephone #
Business Name		Cell Phone #
Business Address		Business Telephone #
Emergency Contact Person Name (s)		Telephone #
Person to Whom Child May be Released (other than parent)		
Name	Address	Telephone #
Name of Child's Physician/Medical Care Provider		Telephone #
Address		
Special Disabilitities (if any)		Allergies
Medical or Dietary Information Necessary in an Emergeny Situation		Medication, Special Situation
Additional Information on Special Needs of Child		
Health Insurance Coverage for Child		Policy #
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM LISTED BELOW TO INDICATE CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN OF MINOR FIRST AID PROCEDURES	
WALKS AND TRIPS	WADING / SWIMMING	
	<b>N / A</b>	
TRANSORTATION BY THE FACILITY	WATER PLAY	
PERIODIC REVIEW		
_____		_____
SIGNATURE OF PARENT OR GUARDIAN		DATE
_____		_____
SIGNATURE OF PARENT OR GUARDIAN		DATE