

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.181 & 182

<b>CHILD'S NAME</b>		BIRTHDATE
ADDRESS		
<b>PARENT/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>PARENT/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>		TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	ADDRESS	TELEPHONE NUMBER
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE <small>Including calling an ambulance</small>		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES <small>Includes Bandages, Ice Packs, and CPR</small>
WALKS AND TRIPS <small>Includes going to the playground</small>		SWIMMING
TRANSPORTATION BY THE FACULTY <small>Includes Field Trips/Emergency Evacuation</small>		WADING

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN  
Electronic Signature Not Acceptable Must Be Original Signature

\_\_\_\_\_  
DATE

*Periodic Review*

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE