



Emergency Contact / Parental Consent Form

SS PA Code Chapters 3270 124(a)(b) • 3270 181 and 182 • 3280 124(a)(b) • 3280 181 and 182 • 3290 124(a)(b) • 3290 181 • 182

Child's Name	Birthdate
Address	
Mother's Name/Legal Guardian	Home Telephone Number
Address	
Business Name	Business Telephone Number
Address	
Father's Name/Legal Guardian	Home Telephone Number
Address	
Business Name	Business Telephone Number
Address	

EMERGENCY CONTACT PERSON(S)

Name	Tel.ephone Number when Child Is in Care
Name	Tel.ephone Number when Child Is in Care

PERSON(S) TO WHOM CHILD MAY BE RELEASED

Name	Address	Tel.ephone Number when Child Is in Care
Name	Address	Tel.ephone Number when Child Is in Care
Name	Address	Tel.ephone Number when Child Is in Care

MEDICAL

Name of Child's Physician/Medical Care Provider	Telephone Number
Address	
Special Disabilities (If Any)	Allergies (Including Medication Reaction)
Special Disabilities (If Any)	Allergies (Including Medication Reaction)
Medical or Dietary Information Necessary in an Emergency Situation	Medical Special Conditions
Additional Information on Special Needs of Child	
Additional Information on Special Needs of Child	
Health Insurance Coverage for Child or Medical Assistance Benefits	Policy Number (Required)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care	Admin. of Minor First Aid Procedures
Walks and Trips	Swimming
Transportation by the Facility	Wading

PERIODIC REVIEW

Signature of Parent or Guardian

Date