**EMERGENCY CONTACT *I* PARENTAL CONSENT FORM**

55 PA CODE CHAPTERS 3270. 124(a)(b), 3270.181 & 182: 3280. 1 24 (a)(b) , 3280. 181 & 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 DDRESS

**EMERGENCY CONTACT PERSON(S)** NAME TELEPHONE NUMBER WHEN CHILD IS IN CARE

**PERSON(S) TO WHOM CHILD MAY BE RELEASED** NAME ADDRESS TELEPHONE NUMBER WHEN CHILD IS IN CARE

**NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER** TELEPHONE NUMBER ADDRESS

SPECIAL DISABILITIES (IF ANY)

ALLERGIES (INCLUDING MEDICATION REACTION)

MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD

MEDICATION, SPECIAL CONDITIONS

HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS POLICY NUMBER (REQUIRED)

WALKS AND TRIPS SWIMMING TRANSPORTATION BY THE FACILITY WADING **PERIODIC REVIEW**

SIGNATURE OF PARENT or GUARDIAN DATE

SIGNATURE OF PARENT or GUARDIAN DATE

03891A CY 867 - 1/93

**ORIGINAL**