

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

Only those people listed below will be permitted to pick up your child.

Child's Name		Birthdate
Address		School Site
Mother's Name/Legal Guardian		Home Phone
Home Address		Cell Phone
Business Name		Business Phone
Business Address		
Father's Name/Legal Guardian		Home Phone
Home Address		Cell Phone
Business Name		Business Phone
Business Address		
Emergency Contact Person(s) -- Name		Phone Number When Child is in Care
Person(s) To Whom Child May Be Released - Name and Address		Phone Number When Child is in Care
Name of Child's Physician/Medical Care Provider		Phone 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 or Medical Assistance Benefits for Child	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 (required at registration)

Date

Signature of Parent or Guardian (to be signed at 6 month review)

Date