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

Please print all information. Per DPW regulations all sections must be completed; there can be No Blank areas. If a section does not apply to your child please put N/A in that specified area. **Ex: Allergies = N/A**
All forms must be signed and dated in the space provided at the very bottom of form.

CHILD'S NAME	**BIRTHDATE**
ADDRESS	
MOTHER/LEGAL GUARDIAN NAME	**HOME PHONE NUMBER**
ADDRESS	**CELLPHONE NUMBER**
BUSINESS NAME	**WORK PHONE NUMBER**
BUSINESS ADDRESS	
FATHER/LEGAL GUARDIAN NAME	**HOME PHONE NUMBER**
ADDRESS	**CELLPHONE NUMBER**
BUSINESS NAME	**WORK PHONE NUMBER**
BUSINESS ADDRESS	
EMERGENCY CONTACT PERSON(S) *OTHER THAN PARENT:* Please list the following items: Name / Address / Home Phone, Cell Phone, Work Phone	
1)	
2)	
PERSON(S) TO WHOM CHILD MAY BE RELEASED *OTHER THAN PARENT*: Please list the following items: Name / Address / Home Phone, Cell Phone, Work Phone	
1)	
2)	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	**PHONE NUMBER**
PHYSCIAN'S OFFICE ADDRESS	
SPECIAL DISABILITIES (IF ANY)	**ALLERGIES (Including Medical 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)**

PARENT SIGNATURE 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	**APPLY SUNSCREEN**

ARE THERE CUSTODY PAPERS FOR THIS CHILD?	**YES**	**NO**	**IF YES, COPIES MUST BE ATTACHED**

_____ **SIGNATURE OF PARENT OF GUARDIAN** _____ **DATE**

_____ **SIGNATURE OF PARENT OF GUARDIAN** _____ **DATE**