**EMERGENCY CONTACT / PARENTAL CONSENT FORM**

55 PA CODE CHAPTERS 3270.124(A)(B) & 182; 3280. 181 & 182; 3290.124 (A)(B). 3290. 181 & .182

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| **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 TELEPHONE NUMBER WHEN CHILD IS IN CARE | | | | |
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|  | | |  | |
| **PERSON(S) TO WHOM CHILD MAY BE RELEASED** NAME ADDRESS TELEPHONE NUMBER WHEN CHILD IS IN CARE | | | | |
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|  | | |  | |
| **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  Please see care plan | | MEDICATION, SPECIAL CONDITIONS | | |
| ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD  Please see care plan for more information. | |  | | |
| HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENFITS | | POLICY # (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 |  | | | |

**PERIODIC REVIEW**

SIGNATURE OF PARENT or GUARDIAN DATE

SIGNATURE OF PARENT or GUARDIAN DATE

03891A CY 867 – 1/93