**EMERGENCY CONTACT / PARENTAL CONSENT FORM**

55 PA CODE CHAPTERS 3270.124(A)(B) & 182; 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 |
| ADDRESS: |  |
| **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 SITUATIONPlease see care plan | MEDICATION, SPECIAL CONDITIONS |
| ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILDPlease 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