

# 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

CHILD'S NAME: <i>(As it APPEARS on child's state/ government issued "Birth Certificate")</i>		Date of Birth: <i>(Required)</i>
MOTHER'S NAME/LEGAL GUARDIAN: <i>(Required: Unless Court Order, Incarcerated or Deceased, please specify):</i>		Home Phone: <i>(Required)</i>
ADDRESS: <i>(Required)</i>		
CITY, STATE, and 5- DIGIT ZIP CODE: <i>(Required)</i>		E-mail: <i>(Required)</i>
Business Name: <i>(Required if Employed)</i>		Cell Phone: <i>(Required)</i>
Address, City, State, and 5-Digit Zip Code: <i>(Required if Employed)</i>		Business Phone: <i>(Required if Employed)</i>
FATHER'S NAME/LEGAL GUARDIAN: <i>(Required: Unless Court Order, Incarcerated or Deceased, please specify):</i>		Home Phone: <i>(Required)</i>
ADDRESS: <i>(Required)</i>		
CITY, STATE, and 5-DIGIT ZIP CODE: <i>(Required)</i>		E-mail: <i>(Required)</i>
Business Name: <i>(Required if Employed)</i>		Cell Phone: <i>(Required)</i>
Address, City, State, and 5-Digit Zip Code: <i>(Required if Employed)</i>		Business Phone: <i>(Required if Employed)</i>
<b>EMERGENCY CONTACT PERSON (s) (list below) (Minimum of (3) Individuals Over 18 yrs. Old)</b>		<b>Telephone Number (when in care) (Required)</b>
1		
2		
3		
<b>Person (s) Whom Child May Be Released and Address (list below) (Min. (3) Over 18 yrs. Old)</b>		<b>Telephone Number (when in care) (Required)</b>
1		
2		
3		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER: <i>(Required)</i>		Phone Number + Area Code: <i>(Required)</i>
ADDRESS, CITY, STATE, and 5-DIGIT ZIP CODE: <i>(Required)</i>		
Special Disabilities: <i>(Copy of IFSP or IEP Required, if applicable)</i>		All Allergies <i>(Listed on Health Assessment)</i>
Medical or Dietary Information necessary in an emergency situation <i>(Dietary Form Required)</i>		Medications <i>(List Medications Taken Daily)</i>
Additional Information on Special Needs of Child <i>(Copy of IFSP or IEP Report Required, if applicable)</i>		
Health Insurance Coverage or Medical Assistance Benefits		Policy Number <i>(Required)</i>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE <i>(Required)</i> X	ADMIN. OF MINOR FIRST - AID PROCEDURES <i>(Required)</i> X	
TRANSPORTATION BY THE FACILITY IN CASE OF EMERGENCY <i>(Required)</i> X	WALKS <i>(Required)</i> X	
I allow child in <i>(Swimming: 3<sup>rd</sup> – 6<sup>th</sup>/Sprinkler-YT-PKC) (Required)</i> X	I allow Photos/Video Used for <i>Classrooms ONLY (Required)</i> X	
Signature of Parent or Guardian <i>(Required)</i> X		Date: <i>(less than 6-months)</i>