



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	BIRTHDATE
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ADDRESS

MOTHER'S NAME / LEGAL GUARDIAN	☎ HOME PHONE
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ADDRESS	☎ CELL PHONE
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BUSINESS NAME	☎ BUSINESS PHONE
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BUSINESS ADDRESS

FATHER'S NAME / LEGAL GUARDIAN	☎ HOME PHONE
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ADDRESS	☎ CELL PHONE
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BUSINESS NAME	☎ BUSINESS PHONE
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BUSINESS ADDRESS

EMERGENCY CONTACT PERSON(S) – NAME / RELATIONSHIP / ADDRESS	☎ PHONE NUMBER WHEN CHILD IS IN CARE
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PERSON(S) TO WHOM CHILD MAY BE RELEASED – NAME / RELATIONSHIP / ADDRESS	☎ PHONE NUMBER WHEN CHILD IS IN CARE
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NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER	☎ PHONE NUMBER
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ADDRESS

SPECIAL DISABILITIES (if any)	ALLERGIES (including reaction)
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MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS
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ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
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HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (required)
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PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
OBTAINING EMERGENCY MEDICAL CARE	ADMINISTRATION OF MINOR FIRST-AID PROCEDURES

WALKS

SIGNATURE OF PARENT or LEGAL GUARDIAN DATE

PERIODIC REVIEW (DO NOT SIGN until 6 months from above date):

SIGNATURE OF PARENT or LEGAL GUARDIAN DATE