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	BIRTH DATE
ADDRESS	ELEMENTARY SCHOOL SITE

MOTHER'S NAME/LEGAL GUARDIAN	HOME NUMBER
E-MAIL ADDRESS	MOBILE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS NUMBER
BUSINESS ADDRESS	

FATHER'S NAME/LEGAL GUARDIAN	HOME NUMBER
E-MAIL ADDRESS	MOBILE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS NUMBER
BUSINESS ADDRESS	

EMERGENCY CONTACT PERSON(S)	ADDRESS	TELEPHONE NUMBER
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	TELEPHONE NUMBER

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)
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)

PARENTS SIGNATURES 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	WADING

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____