

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	GRADE	CUSTODY AGREEMENT? <input type="checkbox"/> yes <input type="checkbox"/> no
ADDRESS		SITE/CLASSROOM (office use ONLY)		
MOTHER'S NAME/LEGAL GUARDIAN		EMAIL ADDRESS		HOME NUMBER
ADDRESS		CELL NUMBER		
EMPLOYER		EMPLOYER ADDRESS		WORK NUMBER
FATHER'S NAME/LEGAL GUARDIAN		EMAIL ADDRESS		HOME NUMBER
ADDRESS		CELL NUMBER		
EMPLOYER		EMPLOYER ADDRESS		WORK NUMBER
EMERGENCY CONTACT PERSON(S) (The child may be released to the names listed below)		ADDRESS PLEASE PROVIDE FULL ADDRESS		PHONE NUMBER WHEN CHILD IS IN CARE
1.				
2.				
3.				
4.				
5.				
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER				PHONE NUMBER
PROVIDER ADDRESS				
SPECIAL DISABILITIES (IF ANY)			ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL/DIETARY INFO NECESSARY IN EMERGENCY SITUATION			MEDICATIONS/SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD				
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS			POLICY NUMBER (REQUIRED)	

FULL PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT- NO INITIALS PLEASE

OBTAINING EMERGENCY MEDICAL CARE	ADMINISTRATION OF MINOR FIRST AID PROCEDURES	VIDEOTAPED/PHOTOGRAPHED
TRANSPORTATION BY FACILITY	SWIMMING	FEATURED IN PUBLICITY
WALKS AND (FIELD)TRIPS	WADING	NAME/PHOTO ON SOCIAL MEDIA
EXCHANGE OF INFORMATION WITH CHILD'S SCHOOL DISTRICT (CSD ONLY)	APPLICATION OF SUNSCREEN	PICTURE ON CLASS DOJO

SIGNATURE OF PARENT OR GUARDIAN DATE _____ SIGNATURE OF PARENT OR GUARDIAN DATE _____