

APPLICATION - Emergency Contact / Parental Consent

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

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|--|---|---|
| CHILD'S NAME | | BIRTHDATE |
| ADDRESS | | |
| MOTHER'S NAME/ LEGAL GUARDIAN | | HOME NUMBER |
| ADDRESS | | CELL NUMBER |
| BUSINESS NAME | EMAIL ADDRESS | WORK NUMBER |
| FATHER'S NAME/ LEGAL GUARDIAN | | HOME NUMBER |
| ADDRESS | | CELL NUMBER |
| BUSINESS NAME | EMAIL ADDRESS | WORK NUMBER |
| EMERGENCY CONTACT PERSON(S) | | PHONE NUMBER WHEN CHILD IS IN CARE |
| 1 | | |
| 2 | | |
| 3 | | |
| PERSON(S) TO WHOM CHILD MAY BE RELEASED | ADDRESS | PHONE NUMBER |
| 1 | | |
| 2 | | |
| 3 | | |
| 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) |
| PARENT SIGNATURE IS 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 FACILITY | WADING | |

SIGNATURE OF PARENT OF GUARDIAN

DATE

SIGNATURE OF PARENT OF GUARDIAN

DATE