



EMERGENCY CONTACT/ PARENTAL CONSENT FORM (All areas must be filled out or marked with N/A)

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		
PARENT /LEGAL GUARDIAN		PRIMARY TELEPHONE NUMBER
E-MAIL ADDRESS		SECONDARY TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		OCCUPATION
BUSINESS ADDRESS		
PARENT NAME/LEGAL GUARDIAN		PRIMARY TELEPHONE NUMBER
E-MAIL ADDRESS		SECONDARY TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		OCCUPATION
BUSINESS ADDRESS		
EMERGENCY CONTACT PERSON(S) OTHER THAN PARENT/GUARDIAN		
NAME:		PHONE NUMBER:
NAME:		PHONE NUMBER:
NAME:		PHONE NUMBER:
AUTHORIZED PICK-UP PERSONS		
NAME:	ADDRESS:	PHONE NUMBER:
NAME:	ADDRESS:	PHONE NUMBER:
NAME:	ADDRESS:	PHONE NUMBER:
NAME OF CHILD'S DOCTOR/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 COMPANY NAME		MEDICAL INSURANCE POLICY NUMBER (REQUIRED)
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		TCDN TO PROVIDE MINOR FIRST AID PROCEDURES
X		X
WALKS AND TRIPS		PHOTO/VIDEOS
X		X
TRANSPORTATION BY THE FACILITY		WADING
X		X

****ONLY 1 PARENT SIGNATURE REQUIRED EVERY SIX MONTHS**** Actual time and date stamped electronic or handwritten signature required.

X _____
SIGNATURE OF PARENT OR GUARDIAN

X _____
DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE