

Emergency Contact/Parental Consent Form

PA Code Chapters 3270.124 (a) (b), 3270.81, 3280.124 (a) (b), 3280.181&.182

Child's Name		Birthdate
Address		
Mother's Name/Legal guardian		Home Phone Number
Address		Email
Business Name		Business Phone Number
Address		
Father's Name/Legal Guardian		Home Phone Number
Address		Email
Business Name		Business Phone Number
Address		
Emergency Contact Person(s)		Phone number while child is in care
Person(s) to whom child may be released	Address	Phone Number
___ In loco parentis		
___ In loco parentis		
___ In loco parentis		
Name of Child's Medical Care Provider		Phone Number
Address		
Special Disabilities (if any)		Allergies (including medication reaction)
Medical or dietary information		Medications/Special Conditions
Additional information on needs of child		
Health Insurance or Medical Assistance for Child		Policy Number
Parent Signature Required for Each Item Below to Indicate Parental Consent		
OBTAINING EMERGENCY MEDICAL TREATMENT		ADMIN. Of MINOR FIRST AID
	Date	Date
Walks & Trips		Transportation by the Facility
	Date	Date

Periodic Review

Signature of Parent/Legal Guardian

Date