

Emergency Contact/Parental Consent Form

55 PA CODE CHAPTERS 3270.124(A)(B); 3270.181/182; 3280.124(A)(B); 3280.181/182; 3290.181/182

ALL LINES MUST BE
FILLED. IF NOT
APPLICABLE, MARK
N/A

Child's Name		Birthdate
Child's Address		
Mother's Name/Legal Guardian		Home Phone
Mother's Address (include city, state and zip)		Cell Phone
Business Name		Work Phone
Business Address		
Father's Name/Legal Guardian		Home Phone
Father's Address (include city, state and zip)		Cell Phone
Business Name		Work Phone
Business Address		
Emergency Contact Person(s): *can repeat for Emergency Pick-Ups in next section*		Emergency Contact Phone Numbers
1.		1.
2.		2.
3.		3.
Emergency Pick-Up Person(s) *people we can release your child to*	Address of Pick-Up Person (include city, state and zip)	Phone Number of Pick-Up Person
1.	1.	1.
2.	2.	2.
3.	3.	3.
Name of Child's Physician/Medical Care Provider		Phone Number
Provider's Address		Additional Special Needs
Medical Dietary Restrictions		Allergies (including medications)
Medications/Special Conditions		
Health Insurance Coverage or Medical Assistance Benefits		Policy Number
PARENT'S FULL SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
Obtaining Emergency Medical Care	Administration of Minor First Aid	
Classroom Walks/Trips	Swimming	
Transportation by Facility for Trips, School Transport and Emergencies	Wading	

Initial Parent/Guardian's Signature: _____

Date: _____

6-month review Parent/Guardian's Signature: _____

Date: _____