

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS §3270.124(a)(b), §3270.181 & §3270.182; §3280.124(a)(b), §3280.181 & §3280.182; §3290.124(a)(b), §3290.181 & §3290.182

DIRECTIONS: Please print all information. Per DPW regulations all sections must be completed; there can be No Blank areas.
If a section does not apply to your child, please put **NONE IN THAT SPECIFIED AREA AND SIGN FULL NAME.**

Ex: Allergies = None, John Smith. All forms must be signed and dated in the space provided at the very bottom of form.

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|---|--|--|
| CHILD'S NAME | | BIRTHDATE |
| ADDRESS | | OUTREACH SITE |
| MOTHER/LEGAL GUARDIAN NAME | | HOME PHONE NUMBER |
| ADDRESS | | CELLPHONE NUMBER |
| BUSINESS NAME | | WORK PHONE NUMBER |
| BUSINESS ADDRESS | | |
| FATHER/LEGAL GUARDIAN NAME | | HOME PHONE NUMBER |
| ADDRESS | | CELLPHONE NUMBER |
| BUSINESS NAME | | WORK PHONE NUMBER |
| BUSINESS ADDRESS | | |
| EMERGENCY CONTACT PERSON(S) <u>OTHER THAN PARENT:</u> Please list the following items: Name, Address, Home, Cell, and Work Phone Numbers | | |
| 1) | | |
| 2) | | |
| PERSON(S) TO WHOM CHILD MAY BE RELEASED <u>OTHER THAN PARENT:</u> Please list the following items: Name, Address, Home, Cell, and Work Phone Numbers | | |
| 1) | | |
| 2) | | |
| NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER | | PHONE NUMBER |
| PHYSICIAN'S OFFICE ADDRESS | | |
| SPECIAL DISABILITIES (IF ANY) | | ALLERGIES (Including Medical Reaction) |
| MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION | | MEDICATION, SPECIAL CONDITIONS |
| ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD | | |
| HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS | | POLICY NUMBER (REQUIRED) |
| PARENT SIGNATURE 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 THE FACILITY | | APPLY SUNSCREEN |
| ARE THERE CUSTODY PAPERS FOR THIS CHILD? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, COPIES MUST BE ATTACHED |

SIGNATURE OF PARENT OF GUARDIAN (required at registration)

DATE

Periodic Review:

SIGNATURE OF PARENT OF GUARDIAN (to be signed at six (6) month review)

DATE