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.

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) OTHER THAN PARENT:
Please list the following items: Name Address Home Phone, Cell Phone, Work Phone

1)

2)

PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENT:
Please list the following items: Name Address Home Phone, Cell Phone, Work Phone

1)

2)

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	**PHONE NUMBER**
PHYSCIAN'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?	☐ **YES**	☐ **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**