

EMERGENCY CONTACT/PARENTAL CONSENT FORM

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	Birthdate (mm/dm/yyyy)
Home Address	
Mother's Name/Legal Guardian	Cell Phone
Home Address	Home Phone
	Email Address
Business Name/Address	Business Phone
Father's Name/Legal Guardian	Cell Phone
Home Address	Home Phone
	Email Address
Business Name/Address	Business Phone
Emergency Contact Person(s) - Name	Phone Number when child is in Care
1).	
2).	
Person(s) to Whom Child may be released	Phone Number when child is in Care
1. Name Address	
2. Name Address	
Child's Physician/Medical Care Provider Name Address	Phone Number
Special Disabilities (if any)	Allergies (including medicine reaction)
Medical or Dietary Information Necessary in an Emergency Situation	Medication/Special Conditions
Additional Information on Special Needs of Child	
Name of Health Insurance Coverage for Child or Medical Assistant Benefits	Policy Number (Required)
PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
Obtaining Emergency Medical Care Sign Here x	Administration of Minor First Aid Procedures Sign Here x
Walks and Trips Sign Here x	Apply Sunscreen Sign Here x
Transportation by the Facility Sign Here x	Wading Sign Here x
<i>My Child's photograph may be taken & used on behalf of St. Anthony's</i> Sign Here x	<i>Family Handbook has been received or read online</i> Sign Here x

Signature of Parent/Guardian

X _____

Date _____

Signature of Parent/Guardian (Periodic Review - 6 months)

X _____

Date _____