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

PLEASE COMPLETE EACH FIELD BELOW. USE THE TAB BUTTON TO MOVE TO THE NEXT FIELD.

CHILD'S NAME	BIRTHDATE (m/d/yyyy)
ADDRESS	
MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER () -
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
550.1250 (1.11)	() - x.
ADDRESS	
FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	() -
BUSINESS NAME	BUSINESS TELEPHONE NUMBER () - X.
ADDRESS	, ,
EMERGENCY CONTACT PERSON(S):	TELEPHONE NUMBER WHEN
NAME	CHILD IS IN CARE:
	() -
	() -
PERSON(S) TO WHOM CHILD MAY BE RELEASED: NAME ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE:
	() -
	() -
	() -
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	() -
ADDITESS	
SPECIAL DISABILITIES (IF ANY)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	ALLERGIES (INCLUDING MEDICATION REACTION)
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	MEDICATION, SPECIAL CONDITIONS
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)
PARENTAL CONSENT IS <u>REQUIRED FOR EACH ITEM</u> BELOW. P	LEASE PRINT THIS FORM AND <u>INITIAL EACH ITEM</u> .
OBTAINING EMERGENCY MEDICAL CARE TR	ANSPORTATION BY THE FACILITY SWIMMING
ADMIN. OF MINOR FIRST-AID PROCEDURES WA	ALKS AND TRIPS WADING
PERIODIC REVIEW	
SIGNATURE OF PARENT or GUARDIAN	DATE
State of the state	
SIGNATURE OF PARENT or GUARDIAN	DATE