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
Address	
Mother's Name	Home Telephone Number
E-Mail Address	Mobile Telephone Number
Address	
Business Name	Business Telephone Number
Address	

Father's Name	Home Telephone Number
E-Mail Address	Mobile Telephone Number
Address	
Business Name	Business Telephone Number
Address	

Emergency Contact Person(s)	Name	Address	Telephone Number When Child Is In Care

Name of Child's Physician/Medical Care Provider	Telephone Number
Address	
Special Disabilities	Allergies (Including Medication Reactions)
Medical Or Dietary Information Necessary in An Emergency	Medications, Special Conditions
Additional Information on Special Needs of Child	
Health Insurance Coverage for Child or Medical Assistance Benefits	Policy Number (Required)

PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE

*SIGNATURE_____

ADMIN. OF MINOR FIRST AID PROCEDURES

*SIGNATURE_____

WALKS AND TRIPS

*SIGNATURE _____

TRANSPORTATION BY THE FACILITY

*SIGNATURE_____

PHOTO CONSENT

I, the parent, ☐ ALLOW / ☐ REFUSE the following marked permission:

☐ Publications ☐ Video Productions ☐ In-School Use ☐ Center Website ☐ Photos sent home with friends ☐ Social Media INITIAL _____

I give permission for the center to apply ☐ sunscreen ☐ insect repellant

I understand that I must provide my own sunscreen, insect repellant and diaper cream with a valid expiration date, and it will be labeled with my child's name.

*SIGNATURE

*SIGNATURE (Form will be updated every 6 months)

SIGNATURE OF PARENT OR GUARDIAN_____ DATE_____

SIGNATURE OF PARENT OR GUARDIAN_____ DATE_____