

**EMERGENCY CONTACT/PARENTAL CONSENT FORM**55 PA CHAPTERS 3270 124 (a) (b) 181 & 182 3280 124 (a) (b) 3260 181 & 182 3290 124 (a) (b) 3290 181 & 182  
Fall 2008/2009PLEASE PRINT CLEARLY FALL 2010

CHILD'S NAME			BIRTH DATE		
ADDRESS		CITY	STATE	ZIP	
MOTHER'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER		
ADDRESS		CITY	STATE	ZIP	
BUSINESS NAME			BUSINESS TELEPHONE NUMBER		
ADDRESS		CITY	STATE	ZIP	
FATHER'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER		
ADDRESS		CITY	STATE	ZIP	
BUSINESS NAME			BUSINESS TELEPHONE NUMBER		
ADDRESS		CITY	STATE	ZIP	
<b>**EMERGENCY CONTACT PERSON (S) **</b>					
**NAME: _____					
ADDRESS: _____					
**TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____					
<b>**EMERGENCY CONTACT PERSON (S) **</b>					
**NAME: _____ ADDRESS: _____					
**TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____					
<b>PERSON (S) TO WHOM CHILD MAY BE RELEASED</b>					
**NAME: _____					
**ADDRESS: _____					
**TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____					
**NAME: _____					
**ADDRESS: _____					
**TELEPHONE NUMBER WHEN CHILD IS IN CARE: _____					
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>					
NAME			TELEPHONE NUMBER		
ADDRESS		CITY	STATE	ZIP	
SPECIAL DISABILITIES (IF ANY)			ALLERGIES (INCLUDING MEDICATION REACTION)		
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION			MEDICAL SPECIAL CONDITIONS		
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD					
**HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS			**POLICY NUMBER (REQUIRED)		
<b>PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>					
** OBTAINING EMERGENCY MEDICAL CARE - Parental signature required			** ADMIN. OF MINOR FIRST-AID PROCEDURE - Parental signature required		
** WALKS AND TRIPS - Parental signature required			** SWIMMING - Parental signature required		
** TRANSPORTATION BY THE FACULTY - Parental signature required			** WADING - Parental signature required		

\*\*

SIGNATURE OF PARENT OR GUARDIAN

\*\*DATE

\*\*

SIGNATURE OF PARENT OR GUARDIAN

\*\*DATE