



Emergency Contact/Parental Consent Form

55 PA CODE CHAPTERS 3270.124(a)(b); 3270.181 & 182; 3280.124(a)(b); 3280.181 & 182; 3290.181 & 182



Child's Name:		Birth Date:		Enrollment Date:	
Child's Address:					
_____		_____		_____	
Street/Apt #/PO Box		City		State Zip Code	
Mother/Legal Guardian Contact Information:			Father/Legal Guardian Contact Information:		
Name: _____			Name: _____		
Home #: () _____			Home #: () _____		
Mobile #: () _____			Mobile #: () _____		
Work #: () _____			Work #: () _____		
Email Address: _____			Email Address: _____		
Home Address: <input type="checkbox"/> <i>same as child</i>			Home Address: <input type="checkbox"/> <i>same as child</i>		
_____			_____		
Home Address			Home Address		
<input type="checkbox"/> Employment OR <input type="checkbox"/> School:			<input type="checkbox"/> Employment OR <input type="checkbox"/> School:		
_____			_____		
Business or School Name			Business or School Name		
_____			_____		
Address			Address		
Emergency Contact Person (s) Name and Phone # (in addition to the parents):					
1. _____					
2. _____					
3. _____					
Person (s) designated by parent to whom child may be released Name, Address, & Phone # (in addition to the parents):					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
Physician Name: _____			Parent/Legal Guardian Permission:		
Physician Address: _____			<input type="checkbox"/> Obtaining Emergency Medical Care		
Physician Phone #: _____			<input type="checkbox"/> Admin. Of Minor First Aid Procedures		
Insurance Information: _____			<input type="checkbox"/> Walks and Trips		
ID#: _____ Group #: _____			X _____		
Allergies: _____			Signature of Parent or Guardian		
Medical Conditions/Special Needs/Dietary Restrictions:			Date: _____		