

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:		Birt	th Date: Enrollment Da		:
Child's Address:				•	
Street/Apt #/PO Box			City	State	Zip Code
Legal Guardian's Contact Information:			Legal Guardian's Contact Information:		
Name:			Name:		
Home Address: □same as child			Home Address: □same as child		
Street/Apt #/PO Box			Street/Apt #/PO Box		
City	State	Zip Code	City	State	Zip Code
Legal Guardian's Employment Information:			Legal Guardian's Employment Information:		
Business Name (If in school, list name of institution)			Business Name (if in school, list name of institution)		
Address			Address		
1 2 3				n to the legal guardians): ss, & Phone # (in addition to the l	egal guardians):
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Medical Information In Case of Emergency:			Parent/Legal Guardian Permission:		
Physician Name:			□ Obtaining Emergency Medical Care		
Physician Address:			□ Admin. Of Minor First Aid Procedures		
Physician Phone #:			□ Walks and Trips		
Insurance Information:			·		
ID#: Group #:			X		
Allergies: Medical Conditions/Special Needs/Dietary Restrictions:			Signature of Parent or Guardian Date:		