

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		BIRTHDAY
ADDRESS		
MOTHER'S NAME / LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME / LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON (S)		TELEPHONE NUMBER WHEN CHILD IS IN CARE
1.		
2.		
3.		
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF A CHILD		
HEALTH INSURANCE COVERAGE FOR A CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACULTY	WADING	

September 4, 2020

SIGNATURE OF PARENT or GUARDIAN Sign Before School Year

DATE

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

To Be Signed at Parent/Teacher Conference