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:	LAST,	FIRST	MIDDLE		7,777	Difference of the second
ADDRESS						BIRTHDATE
MOTHER/ LEGAL GUARDI	AM'C NABAE					
· 			HOME E-MAIL ADDRESS		HOME TELEPHONE NUMBER	
ADDRESS					CELL TELEPHONE NUM	BER
BUSINESS NAME			BUSINESS E-MAIL A	ADDRESS	DISCUSOR TO THE PROPERTY OF TH	
ADDRESS					BUSINESS TELEPHONE NUMBER	
					WORK HOURS	
FATHER/ LEGAL GUARDIAN'S NAME			HOME E-MAIL ADDRESS		HOME TELEPHONE NUMBER	
ADDRESS						
BUSINESS NAME					CELL TELEPHONE NUME	ER
			BUSINESS E-MAIL A	DDRESS	BUSINESS TELEPHONE	NUMBER
DDRESS			<u>-</u>	······································	WORKHOURS	
	EMERGE	NCY CONTACT PERS	ONS/MINIMUM OF 3.	IISE DEVEDER	FOR MORE)	
AME	•	ADDRESS		- COL MEVEROL	TELEPHONE NUMBER W	HEN CHILD IS IN CARE
IAME		ADDRESS		.,		
AME					TELEPHONE NUMBER W	HEN CHILD IS IN CARE
s .		ADDRESS			TELEPHONE NUMBER W	HEN CHILD IS IN CARE
	PERSONS TO W	HOM CHILD MAY BE	RELEASED (MINIMUM	OF 2 LICE DE	VERSE FOR MORE)	
WE		ADDRESS		OF 4 - 025 KE	VERSE FOR MORE) TELEPHONE NUMBER W	EN CHILD IS IN CARE
WE		ADDRESS				
ME					TELEPHONE NUMBER WI	HEN CHILD IS IN CARE
****		ADDRESS			TELEPHONE NUMBER WI	IEN CHILD IS IN CARE
MEDIC	AL/HEALTHCARE I	NFORMATION (ALL S	PACES MUST BE COM	IDI ETER LICE	WALAN COR NOT ARE	
AME OF CHILD'S PHYSICIAN / MEDIC	CAL CARE PROVIDER			(,, ri2 (ri2 - n9)	PROVIDER'S TELEPHONE	ABLE) 1996 ABLE NUMBER
OVIDER'S ADDRESS						
ECIAL DISABILITIES						
DICAL OR DIFTARY INCORNATION	Alfordania			ALLERGIES (INCLUE	ING MEDICATION REACTION)	
DICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION				MEDICATION / SPECIAL CONDITIONS		
DITIONAL INFORMATION ON SPECIA	AL NEEDS OF CHILD			<u> </u>		
ALTH INSURANCE COVERAGE / ME	DICAL ASSISTANCE BENEFITS	FOR CHILD		DOLLOW LETTURED		
				POLICY NUMBER		
CC WILL TRANSPORT BY AMBULAN				<u> </u>		
PARENT TAINING EMERGENCY ME	'S SIGNATURE IS	REQUIRED FOR	EACH ITEM BELO	W TO INDICA	TE PAPENTAL CO	NOTAR
TAINING EMERGENCY ME	DICAL CARE		ADMINISTRATIO	N OF MINOR FIRS	-AID PROCEDURES	NOENT
LKS AND TRIPS						
7111			SWIMMING	SWIMMING		
ANSPORTATION BY THE FACILITY			WADING			
ONTH REVIEW:	SIGNATURE OF PARENT	/ GUARDIAN		-	DA	TE
	SIGNATURE OF PARENT	GUARDIAN		_	DA	TE .