

Emergency Contact/Parental Consent Form

55 PA CODE CHAPTER 3270.124(a)(b), 3270 181&182: 3280.124(a)(b), 3290.124(a)(b), 3290. 181&182

CHILD'S NAME		BIRTHDATE	
ADDRESS			
MOTHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER	
ADDRESS		CELL NUMBER	
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER	
FATHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER	
ADDRESS		CELL NUMBER	
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER	
EMERGENCY CONTACT AND RELEASE PERSONS IF POSSIBLE, NOTIFY THE CENTER IF AN EMERGENCY RELEASE PERSON WILL PICK UP YOUR CHILD ON A GIVEN DAY			
NAME #1	RELATIONSHIP	ADDRESS	PHONE NUMBER
NAME #2	RELATIONSHIP	ADDRESS	PHONE NUMBER
NAME #3	RELATIONSHIP	ADDRESS	PHONE NUMBER
PARENT/GUARDIAN IDENTIFICATION INFORMATION (THIS INFORMATION WILL BE USED TO VERIFY IDENTITY IF A PICKUP AUTHORIZATION IS CALLED INTO THE CENTER)			
QUESTION		ANSWER	
1			
2			
NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER		PHONE NUMBER	
PROVIDER ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (MEDICATION REACTIONS)	
MEDICAL/ DIETARY INFO NECESSARY IN EMERGENCY SITUATION		MEDICATIONS/SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST AID PROCEDURES	
WALKS AND TRIPS		ADMIN. OF PRESCRIPTION DRUGS	
ADMIN. OF TOPICAL OINTMENTS/ SUNSCREENS			

- Center staff will release your child only to you or those persons you have listed above. For the safety of your child, we will request all authorized Release Persons with whom the staff are not familiar to provide photo ID at time of pick up.
- If you want a person who is not identified above to pick up your child, you must notify Center Director in advance. **Your child will not be released without prior authorization.** The parent/guardian identification information will be used to verify your identity over the phone.

SIGNATURE OF PARENT OF GUARDIAN

DATE