

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	Birthdate
Home Address	Email Address
Mother's Name/Legal Guardian	Home Phone
Home Address	Cell Phone
Business Name	Business Phone
Father's Name/Legal Guardian	Home Phone
Home Address	Cell Phone
Business Name	Business Phone
Emergency Contact Person (s) - Name	Phone Number when child is in care
1).	
2).	
Person(s) to Whom Child may be released – Name/Address	Phone Number when child is in care
1).	
2).	
Name of Child's Physician/Medical Care Provider	Phone Number
Address	
Special Disabilities (if any)	Allergies (including medicine reaction)
Medical or Dietary Information Necessary in an Emergency Situation	Medication/Special Conditions
Additional Information on Special Needs of Child	
Health Insurance Coverage for Child or Medical Assistance Benefits	Policy Number <i>(Required)</i>
PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
Obtaining Emergency Medical Care	Administration of Minor First Aid Procedures
Walks and Trips	Swimming
Transportation by the Facility	Wading
Photographs are permitted to be taken of my child & used on behalf of HTWS	I received a Family Handbook – Initial Here

Signature of Parent/Guardian Date

Signature of Parent/Guardian **(Periodic Review - 6 months)** Date