

**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:
Street Address, City, State, Zip:		School District:
Mother's Name/Legal Guardian:		Home Telephone number:
Street Address, City, State, Zip:		Mother's Cell number:
Business Name:		Mother's e-mail address:
Street Address, City, State, Zip:		Business Telephone number:
Father's Name/Legal Guardian:		Home Telephone number:
Street Address, City, State, Zip:		Father's Cell number:
Business Name:		Father's e-mail address:
Street Address, City, State, Zip:		Business Telephone number:
<b>EMERGENCY CONTACT PERSON(S) (NON PARENT)</b>		
Name:		Telephone number when child is in care:
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED (NON PARENT)</b>		
Name:	Street Address, City, State, Zip:	Telephone number when child is in care:
Name of Child's Physician/Medical Care Provider:		Telephone number:
Street Address, City, State, Zip:		Allergies: (including Medication Reaction)
Special Disabilities: (if any - write N/A if nonapplicable)		Medications Taken Daily, Special Conditions:
Medical or Dietary Information Necessary in an Emergency Situation:		
Additional Information on Special Needs of Child:		
Health Insurance Coverage for Child or Medical Assistance Benefits:		Policy Number (REQUIRED):
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH BOX ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
Obtaining Emergency Medical Care:		Administration of Minor First Aid Procedures:
Walks and Trips:		Swimming:
Transportation By the Facility:		Wading:

_____ Signature of Parent or Guardian	_____ Date
PERIODIC REVIEW (IN FEBRUARY)	Signature of Parent or Guardian Date

**\*This form is to be signed at Calvary Care/WVP at time of registration payment.**