

EMERGENCY CONTACT / PARENTAL CONSENT FORM

SCHOOL 2022 - 2023

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
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ADDRESS

MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
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ADDRESS

BUSINESS NAME	BUSINESS TELEPHONE NUMBER
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ADDRESS

FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
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ADDRESS

BUSINESS NAME	BUSINESS TELEPHONE NUMBER
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ADDRESS

EMERGENCY CONTACT PERSON(S)	NAME _____ TELEPHONE NUMBER WHEN CHILD IS IN CARE
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PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME _____ ADDRESS _____ TELEPHONE NUMBER WHEN CHILD IS IN CARE
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NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
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ADDRESS

SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)
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MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS
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ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD

HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)
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PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES
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WALKS AND TRIPS	SWIMMING
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TRANSPORTATION BY THE SCHOOLS	WRESTLING
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PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN	DATE
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SIGNATURE OF PARENT or GUARDIAN	DATE
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