EMERGENCY CONTACT/PARENTAL CONSENT FORM

CHILD'S NAME	BIRTH DATE
ADDRESS	
MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
	CELL PHONE NUMBER
ADDRESS	
MOTHER'S BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	
FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
	CELL PHONE NUMBER
ADDRESS	
FATHER'S BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	
EMERGENCY CONTACT PERSON(S)	**TELEPHONE/CELL NUMBER WHEN CHILD IS IN CARE**
PERSONS TO WHOM CHILD MAY BE RELEASED/ADDRESS	**TELEPHONE/CELL NUMBER WHEN CHILD IS IN CARE**
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	**TELEPHONE NUMBER**
PHYSICIAN'S ADDRESS	
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL OR DIETARY INFO. NECESSARY IN AN EMERGENCY SITUATION	MEDICATION SPECIAL CONDITIONS
ADDITIONAL INFO. ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT:	
OBTAINING EMERGENCY MEDICAL CARE	ADMINISTERING OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS	TRANSPORTATION BY THE FACILITY

Signature of Parent or Guardian

Date

A Ministry Of Fox Chapel Presbyterian Church
384 Fox Chapel Rd.
Pittsburgh, PA 15238-2398
412-963-8243

Adapted from 55 PA Code Chapt. 3270 DPW