

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182: 3280.124 (a)(b), 3280.181 & .182: 3290.181 & .182

<b>CHILD'S NAME</b>		BIRTHDATE
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		BIRTHDATE
ADDRESS		SOCIAL SECURITY #
BUSINESS NAME		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE
EMAIL		BUSINESS TELEPHONE NUMBER
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		BIRTHDATE
ADDRESS		SOCIAL SECURITY #
BUSINESS NAME		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE
EMAIL		BUSINESS TELEPHONE NUMBER
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	ADDRESS TELEPHONE NUMBER
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS TELEPHONE NUMBER
<b>NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL OR DIETARY INFO NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
Email Address- print clearly		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN OF MINOR FIRST-AID PROCEDURES</b>
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

**Initial Signature**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**6 Month Review Signature**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**ALL SECTIONS OF THIS FORM MUST BE COMPLETED. Use N/A if not applicable.  
The permissions must be a full signature.**

# YWCA IS ON A MISSION

eliminating racism  
empowering women  
**ywca**  
Tri-County Area

EMERGENCY CONTACT PERSON(S)	NAME	ADDRESS	TELEPHONE NUMBER
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER

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