YWCA IS ON A MISSION

eliminating racism
empowering women
ywca
Tri-County Area

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

CHILD'S NAME	BIRTHDATE
ADDRESS	
MOTHER'S NAME/LEGAL GUARDIAN	BIRTHDATE
ADDRESS	SOCIAL SECURITY #
BUSINESS NAME	HOME TELEPHONE NUMBER
ADDRESS	CELL PHONE
EMAIL	BUSINESS TELEPHONE NUMBER
FATHER'S NAME/LEGAL GUARDIAN	BIRTHDATE
ADDRESS	SOCIAL SECURITY #
BUSINESS NAME	HOME TELEPHONE NUMBER
ADDRESS	CELL PHONE
EMAIL	BUSINESS TELEPHONE NUMBER

EMERGENCY CONTACT PERSON(S)	NAME	ADDRESS	TELEPHONE NUMBER

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

NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER	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)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	**ADMIN OF MINOR FIRST-AID PROCEDURES**
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.

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