



BRIGHT BEGINNINGS 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
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN	EMAIL ADDRESS	CELL PHONE NUMBER
ADDRESS		HOME PHONE NUMBER
BUSINESS NAME		BUSINESS PHONE NUMBER
ADDRESS		
FATHERS'S NAME/LEGAL GUARDIAN	EMAIL ADDRESS	CELL PHONE NUMBER
ADDRESS		HOME PHONE NUMBER
BUSINESS NAME		BUSINESS PHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSONS(S)		TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON 1 NAME		
PERSON 2 NAME		
PERSON 3 NAME		
PERSON(S) TO WHOM CHILD MAY BE RELEASED		TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON NAME & ADDRESS		
PERSON NAME & ADDRESS		
PERSON NAME & ADDRESS		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE CENTER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT 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	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE