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		•		BIRTHDAY
ADDRESS	-0-7-10-	o sagara		N 500
MOTHER'S NAME/LEGAL GUARDIAN		<u> </u>	HOME TELEP	HONE NUMBER
ADDRESS	170.00			
BUSINESS NAME			BUSINESS TE	LEPHONE NUMBER
ADDRESS				
FATHER'S NAME/LEGAL GUARDIAN			HOME TELEP	HONE NUMBER
ADDRESS				
BUSINESS NAME			BUSINESS TE	ELEPHONE NUMBER
ADDRESS				•
EMERGENCY CONTACT PERSON(S)	NAME		TELEPHONE NUME	BER WHEN CHILD IS IN CA
	·	DECC		BER WHEN CHILD IS IN CA
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME AD	DRESS	TELEPHONE NUME	DEK MUEM CHIED 12 IM CM
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME AD	DRESS	TELEPHONE NUME	DEK WALEN CHIED 19 IN CAI
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME AD	DRESS	TELEPHONE NUME	SER WINEN CHILD 13 IN CAI
	200	DRESS	Bio Line (PP	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PRO	200	DRESS	TELEPHONE NUME	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PRO	200		TELEPHONE	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PRO	200	-	TELEPHONE	NUMBER
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PRO ADDRESS SPECIAL DISABILITIES (IF ANY)	OVIDER	ALLERGIES (IN	TELEPHONE	NUMBER
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