

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

Only those people listed below will be permitted to pick up your child.

Does your child have an IEP Yes No

Child's gender Male Female

Child's Name	Birthdate
Address	Camp Location
Mother's Name/Legal Guardian	Home Telephone
Home Address	Cell Phone
Business Name	Business Telephone
Business Address	E-Mail Address
Father's Name/Legal Guardian	Home Telephone
Home Address	Cell Phone
Business Name	Business Telephone
Business Address	E-Mail Address
Emergency Contact person(s) - Name	Phone Number
Person(s) to Whom Child May Be Released - Name and Address	Phone Number
Name of Child's Physician/Medical Care Provider	Phone Number
Address	
Special Disabilities (if any)	Allergies (including medical reaction)
Medical or Dietary Information Necessary in an Emergency Situation	Medication, Special Conditions
Additional Information on Special Needs of Child	
Health Insurance Coverage or Medical Assistance Benefits for Child	Policy Number (Required)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
Obtaining Emergency Medical Care	Administration of Minor First Aid Procedures
Walks and Trips	Swimming
Transportation by the Facility	Wading
Photographs are permitted to be taken of my child and used on behalf of Home at USA.	Initial _____
I understand and will abide by all policies and procedures of camp and of registration packet.	Initial _____

Signature of Parent or Guardian (required at registration) Date

Print

Send Mail