Emergency Information/Permission Form for Children in Child Care Settings

A. Family Information

1. Child’s Name: ___________________________ Birth Date: ___________ Gender: □ Male □ Female

Home Address: ________________________________________________________________
Child’s School: ___________________________ School Phone: ______________________
School Address: ______________________________________________________________
Child’s Doctor: ___________________________ Doctor’s Phone: ______________________
Doctor’s Address: ______________________________________________________________
Insurance Company: __________________________ Policy Number: ____________________
Preferred Hospital/ Clinic for Emergency Care: _____________________________________________

2. Parent/Guardian Name: ___________________________ Phone: ______________________
Address: ________________________________________________________________
Employer/School Name: ___________________________ Work/ School Phone: ______________
Employer/School Address: _______________________________________________________

3. Parent/ Guardian Name: ___________________________ Phone: ______________________
Address: ________________________________________________________________
Employer/School Name: ___________________________ Work/ School Phone: ______________
Employer/School Address: _______________________________________________________

B. Emergency Contact: Names and telephone numbers of individuals to contact in case parents cannot be reached in an emergency:

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<thead>
<tr>
<th>Name</th>
<th>Physical Address</th>
<th>Telephone Number</th>
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C. List of people with permission to pick child up from care (anyone not listed cannot pick up child without written permission from parent):

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<tr>
<th>Name</th>
<th>Physical Address</th>
<th>Telephone Number</th>
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ECE-CC-10E (2/2015)
Special Instructions: Biological/custodial parents must be given access to their children unless there is a court order preventing contact. Individuals with court orders against them preventing child pick up:

Name: ___________________________  Relationship to Child: ___________________________

Name: ___________________________  Relationship to Child: ___________________________

Other restrictions on child pick-up:

_____________________________________________________________________________

_____________________________________________________________________________

D. List any allergies, illnesses, regular medications, special needs and concerns:

_____________________________________________________________________________

_____________________________________________________________________________

E. Permission to Receive Medical Care:

I, ___________________________ give my permission for ___________________________

(Name of Parent/Guardian) (Child Care Provider Name)

to consent for ___________________________ to receive emergency medical, dental or surgical

(Name of Child)
treatment if I cannot be reached. I place the following restrictions on medical treatment:

_____________________________________________________________________________

F. Permission to Transport:

☐ I do not give the child care provider permission to transport my child for non-emergency reasons.

☐ I give the child care provider permission to transport my child for non-emergency reasons, such as to and from school or school activities, shopping, field trips, etc.

☐ In the event of an emergency, I prefer that the child care provider call an ambulance to transport my child.

☐ In the event of an emergency, I give permission for the child care provider to transport my child.

I place the following restrictions on transportation:

_____________________________________________________________________________

Enrollment Date: ___/___/____  Discharge Date: ___/___/____

Parent/Guardian Signature: ____________________________________________  Date: ___ / ___ / ___

State of West Virginia  County of _____________________________

The foregoing instrument was acknowledged before me on this _____ day of ________________, 20____, By _______________________________________________. My commission expires on _______________.

Notary Public