

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:

| Name | Physical Address | Telephone Number |
|------|------------------|------------------|
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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):

| Name | Physical Address | Telephone Number |
|------|------------------|------------------|
| | | |
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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