



EMERGENCY INFORMATION/PERMISSION FORM FOR CHILDREN IN CHILD CARE SETTINGS

A. Family Information

1. Child's name _____ Child's birth-date _____

2. Mother's name _____ Employer _____

Home Address _____ City/State _____

Work Address _____ City/State _____

Home Telephone _____ Work Telephone _____

3. Father's name _____ Employer _____

Home Address _____ City/State _____

Work Address _____ City/State _____

Home Telephone _____ Work Telephone _____

B. Emergency Contacts Mom's cell # _____ beeper # _____

Dad's cell # _____ beeper # _____

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

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Child's Doctor _____ Telephone _____

Doctor's address _____

4. Insurance Co. _____ Policy No. _____

5. Preferred hospital or clinic where child may be treated: _____

C. List of people with permission to pick child up from care (anyone not listed cannot pick up child without written permission from parent):

1. _____

2. _____

3. _____

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

E. Permission: I authorize TVCDC to apply sunscreen to _____ (child's name)
 I give permission to TVCDC to use photographs of _____ (child's name)
in school activities for news, stories, or for advertising purposes.

1. I _____ give my permission for Teays Valley Child Development Center
(Name of Parent/Guardian)
to consent for _____ to receive medical, dental, or surgical treatment
(Name of Child)
if I cannot be reached. I place the following restrictions on medical treatment.

2. I (give /do not give) permission for TVCDC to transport _____
(Name of Child)

I place the following restrictions on transportation:

Parent Signature _____ Date _____

State of West Virginia

County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____ 20____

by _____ (name of person)

My commission expires _____

(Notary Public)