

CHILD'S RECORD

- o INDICATE "N/A" IF THE INFORMATION IS NOT APPLICABLE.
- o THE COMPLETED FORM MUST BE KEPT IN THE CHILD'S RECORD AND THE FIRST PAGE UPDATED ANNUALLY.
- o THE INFORMATION IN THIS FORM IS REQUIRED BY FAMILY DAY HOME STANDARD 22 VAC 40-111-60.

Child's Full Name	Nickname	Sex	Birth date
Street Address	City	State	Zip
			First Day of Attendance
			Last Day of Attendance
If Child Attends School, Give Name of School			Grade
EMERGENCY INFORMATION			
Allergies and intolerance to food, medications, or other substances. Actions to take in emergency situation.			
Chronic Physical Problems/Diseases; Pertinent Development Information; Special Accommodations Needed; Special Instructions to Provider			
Father's Full Name	Phone	Employer	
Father's Employer's Address (Street Address)			Father's Work Phone
Father's Home Address (Street Address) (enter "Same" if address is the same as the child's)			
Mother's Full Name	Phone	Employer	
Mother's Employer's Address (Street Address)			Mother's Work Phone
Mother's Home Address (Street Address) (enter "Same" if address is the same as the child's)			
Child's Physician	Office Address (Street Address)		Phone
	City	State	Zip
Name of Child's Medical Insurance			Policy Number
Name of Emergency Contact if Parent(s) Cannot Be Reached	Street Address		Phone
	City	State Zip	
Name of Emergency Contact if Parent(s) Cannot Be Reached	Street Address		Phone
	City	State Zip	
Person(s) Authorized to Pick Up Child (Appropriate custodial paperwork (custody order or other court order) shall be attached if a parent is not allowed to pick up the child)			
Parent Signature _____			Date _____ (Valid for One Year)
1st yr. review _____			
Parent Signature _____			Date _____
2nd yr. review _____			
Parent Signature _____			Date _____
3rd yr. review _____			
Parent Signature _____			Date _____

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PROOF OF AGE AND IDENTITY (must be obtained from parent within 7 business days of child's first day of attendance)			
Names & Locations (City and State) of Previous Child Day Care Programs & Schools Attended			
Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Proof of Age Other Than Birth Certificate*		Date Documentation Viewed	Person Viewing Documentation
NOTIFICATION OF LOCAL LAW ENFORCEMENT AGENCY (if parent does not provide proof of child's age and identity within 7 business days of child's first day of attendance)			
Date of Notification	Name of Agency Notified	Name of Individual Notified	

*Proof of age and identity may be verified by viewing one of the following: certified birth certificate; birth registration card; notification of birth, i.e., hospital, physician, or midwife record; passport; copy of the placement agreement or other proof of the child's identity from a child placing agency; original or copy of a record or report card from a public school in Virginia; signed statement on letterhead stationery from a public school principal or other designated official that assures the child is or was enrolled in the school; or child identification card issued by the Virginia Department of Motor Vehicles.

EMERGENCY MEDICAL AUTHORIZATION	
<p>I authorize _____ to obtain immediate care and consent to emergency medical procedures upon, the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to _____ if an emergency occurs and I cannot be located immediately.</p> <p style="text-align: center;">Name of Licensed Provider Name of Child</p> <p>It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise I expect to be notified immediately.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">Signature of ParentDate</p> <p>The child's Emergency Information and the Emergency Medical Authorization must be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.</p>	

ADDITIONAL DOCUMENTS REQUIRED FOR CHILD'S RECORD

- ___ Immunization and Physical Examination Record Form MCH213 F (signed by physician, physician's designee, or health official)
- ___ Information for Parents (signed by parent)
- ___ Policy for the Administration of Medications (signed by parent)
- ___ Liability Insurance Declaration (signed by parent)
- ___ Provisions of the Home's Emergency Preparedness and Response Plan (signed by parent)

As Applicable:

- ___ General Permission for Regularly Scheduled Trips (signed by parent)
- ___ Special Field Trip Permission (signed by parent)
- ___ Medication Consent (signed by parent) ***Valid for 10 days unless also signed by physician**
- ___ Permission to Participate in Swimming or Wading Activities (signed by parent) ***Valid for one year**
- ___ Injury Record(s)

If Child with Special Needs is in Care:

- ___ Staffing Recommendation for a Child with Special Needs (signed by parent, provider, and Licensing representative)
- ___ Individual Health Care/Special Needs (signed by licensed health care professional)