

**Emergency Information/Permission Form for Children in Child Care Settings****A. Family Information** Male1. Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  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 |
|------|------------------|------------------|
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |

**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 |
|------|------------------|------------------|
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |

**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:

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

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**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 :

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**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:

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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