



- 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)							
1 st yr. review _____ Parent Signature _____ Date _____							
2 nd yr. review _____ Parent Signature _____ Date _____							
3 rd yr. review _____ Parent Signature _____ Date _____							



Student's Emergency Record

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
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*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

I authorize _____ to obtain immediate care and consent to emergency medical
Name of Licensed Provider
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.
Name of Child

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.

Signature of Parent

Date

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.

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)

