



Student's Emergency 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 _____ |

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 | |

*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; margin-left: 100px;">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)