[**CHILD’S RECORD**](http://NOVANIGHTCARE.ORG)

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**INDICATE “N/A” IF THE INFORMATION IS NOT APPLICABLE.**   
**THE COMPLETED FORM MUST BE KEPT INTHE CHILD’S RECORD AND THE FIRST PAGE UPDATED ANNUALLY.**

**THE INFORMATION IN THIS FORM IS REQUIRED BY FAMILY DAY HOME STANDARD 8VAC20-800-60**

Please Fill out and email back to: cherylstrong043@gmail.com

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Full Name | Nickname | Sex | | Birth date |
| Street Address City State Zip [Child's Record.docx](https://1drv.ms/w/c/739b02b390cbc2b1/ETPnKdhXtQ5Jq_cXRpCj7EIBNwlib6qs8JZTfL5LdG4XCQ?e=gu6sK9) | | | First Day of Attendance | |
| Last Day of Attendance | |
|  | | | | 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) | | | | |
| **(Valid for One Year)**  Parent Signature Date | | | | |
| **1st yr. review**  Parent Signature Date  **2nd yr. review**  Parent Signature Date  **3rd yr. review**  Parent Signature Date | | | | |

**VDOE Office of Child Care Health and Safety**

**MODEL FORM - FDH Page 2 of 2**

# CHILD’S 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** |
| 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)

**(4/22)**