

# 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                                  |
| <b>EMERGENCY INFORMATION</b>   |                                 |           |  |
| 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)<br>(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)<br>(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 _____ <b>(Valid for One Year)</b> |
| <b>1<sup>st</sup> yr. review</b> _____   |                                 |           |  |
|  | Parent Signature                |           | Date                                   |
| <b>2nd yr. review</b> _____  |                                 |           |  |
|  | Parent Signature                |           | Date                                   |
| <b>3rd yr. review</b> _____  |                                 |           |  |
|  | Parent Signature                |           | Date                                   |

**CHILD'S RECORD**

|  |                         |                             |                              |
|--|-------------------------|-----------------------------|------------------------------|
| <b>PROOF OF AGE AND IDENTITY</b> (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 |
| <b>NOTIFICATION OF LOCAL LAW ENFORCEMENT AGENCY</b> (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.

|  |  |
|--|--|
| <b>EMERGENCY MEDICAL AUTHORIZATION</b>   |  |
| <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<br/>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="text-align: center;">Signature of Parent <span style="float: right;">Date</span></p> <p><b>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.</b></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)