West Virginia Department of Health and Human Resources

Emergency Information/Permission Form for Children in Child Care Settings

A. Family Information

1. Child's Name: _____ Birth Date: _____ Gender: ☐ Male ☐ 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 <u>not</u> listed <u>cannot</u> 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: _____

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

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 : _____

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:

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