



West Virginia Department of Health and Human Resources
 Emergency Information/Permission Form
 for Children in Child Care Settings



A. Family Information

Male

1. Child's Name: _____ Birth Date: _____ Gender: Female

Home Address: _____

Child's School: _____ School Phone: _____

School Address: _____

Child's Doctor: _____ Doctor's Phone: _____

Insurance Company: _____ Policy Number: _____

Preferred Hospital/ Clinic for Emergency Care: _____

2. Mother/Guardian Name: _____ Phone: _____

Address: _____

Employer/School Name: _____ Work/ School Phone: _____

Employer/School Address: _____

3. Father/ 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	Address	Telephone Number
1.		
2.		
3.		

C. List of people with permission to pick child up from care (anyone not listed cannot pick up child without written permission from parent):

Name	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.

*We ask that you check these two items.

I place the following restrictions on transportation: _____

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

State of West Virginia	County of _____
The foregoing instrument was acknowledged before me on this _____ day of _____, 20__.	
by: _____ Notary Public	My commission expires on _____.