

## 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:	<del></del>	
Child's Doctor:	Doctor's Phone:	
Insurance Company:	Policy Number:	
Preferred Hospital/ Clinic for Emergency Care:	<del></del>	
<del>-</del>		
2. Mother/Guardian Name:		Phone:
Address:		-
Employer/School Name:	Work/ Schoo	l Phone:
Employer/School Address:		
3. Father/ Guardian Name:		Phone:
Address:		
Employer/School Name:	Work/ Schoo	l Phone:
Employer/School Address:		
<b>B. Emergency Contact:</b> Names and telephone numerous emergency:	mbers of individuals to contact in case pare	nts cannot be reached in an
Name	Address	Telephone Number
1.		-
2.		
3.		
3.		
C. List of people with permission to pick child u permission from parent):	p from care (anyone <u>not</u> listed <u>cannot</u> pi	ck up child without written
Name	Address	Telephone Number

<b>Special Instructions</b> : Biological/Custodial parents must be give preventing contact. Individuals with court orders against them	ven access to their children unless there is a court order 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, speci	al needs and concerns:		
E. Permission to Receive Medical Care:			
(Name of Child)	to receive emergency medical, dental or surgical		
treatment if I cannot be reached. I place the following restrictions on medical treatment :			
<ul> <li>F. Permission to Transport:</li> <li>☐ I do not give the child care provider permission to transport my child for non-emergency reasons.</li> <li>☐ 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.</li> <li>☐ In the event of an emergency, I prefer that the child care provider call an ambulance to transport my child.</li> <li>☐ In the event of an emergency, I give permission for the child care provider to transport my child.</li> </ul>			
I place the following restrictions on transportation:			
Parent/Guardian Signature:	Date:/		
State of West Virginia	County of		
The foregoing instrument was acknowledged before me of	on this day of		
by: Notary Public	My commission expires on		