



## EMERGENCY CONTACT INFORMATION

<b>Child</b>	<b>Nickname</b>	<b>Date of Birth</b>	<b>Sex</b>
<b>Address</b>			
<b>Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed</b>			
<b>Previous Child Day Care Programs and Schools Attended</b>			

**Parent(s) or Guardian(s)**

<b>Father</b>	<b>Place Employed</b>	<b>Business Phone</b>
<b>Home Address</b>		<b>Home Phone</b>
		<b>Cell Phone</b>
<b>E-mail Address</b>		

<b>Mother</b>	<b>Place Employed</b>	<b>Business Phone</b>
<b>Home Address</b>		<b>Home Phone</b>
		<b>Cell Phone</b>
<b>E-mail Address</b>		

<b>Person(s) or Agency Having Legal Custody of Child</b>	<b>Business Phone</b>
<b>Home Address</b>	<b>Home Phone</b>
	<b>Cell Phone</b>
<b>Business Address</b>	<b>E-mail Address</b>

<b>Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency</b>
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<b>Child's Physician</b>	<b>Phone Number</b>
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<b>Two People to Contact if Parent(s) Cannot Be</b>	<b>Address (Must provide this info)</b>	<b>Phone</b>
<b>1</b>		
<b>2</b>		

<b>Person(s) Authorized to Pick Up Child</b>
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<b>Person(s) NOT Authorized to Pick Up Child</b>
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\* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up child.  
 \*NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in public school or day care center must be included, upon the request of such a noncustodial parent, as an emergency contact for events occurring during school or day care activities.

**AGREEMENTS**

- 1 The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center
- 2 The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.\*\*
- 3 The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his/her

**SIGNATURES**

\_\_\_\_\_

**Parent(s) or Guardian(s)**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Administrator of Center**

\_\_\_\_\_

**Date**

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\*If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objections and the reason for the objection.
