

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

**A. Family Information**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M F

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Child's School: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_  
 \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_  
 \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer/School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer/School Name: \_\_\_\_\_ 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	Phone Number
1.		
2.		
3.		

(continue on next page)

**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	Phone 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 to 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:

\_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_