



West Virginia Department of Health and Human Resources

Emergency Information/Permission Form  
for Children in Child Care Setting

**A. Family Information**

1. Child's Information:

Child's Name:	Home Address:	Home Telephone:
Birth Date: ___ / ___ / ___	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Enrolled: ___ / ___ / ___
Child's School:	School Address:	School Telephone:
Insurance Company:	Policy Number:	

2. Mother's/Guardian's Information:

Name:	Home Address:	Home Telephone:
Employer/School:	Work/School Address:	Work/School Telephone:

3. Father's/Guardian's Information:

Name:	Home Address:	Home Telephone:
Employer/School:	Work/School Address:	Work/School Telephone:

**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.		
4. Child's Doctor:		
5. Preferred Hospital/Clinic for Emergency Care:		

**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: \_\_\_\_\_**

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**E. Permission:**

1. I, \_\_\_\_\_, give my permission for \_\_\_\_\_  
(Name of Parent/Guardian) (Child Care Provider Name)  
 to consent for \_\_\_\_\_ to receive emergency medical, dental, or  
(Name of Child)  
 surgical treatment if I cannot be reached. I place the following restrictions on medical treatment:  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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