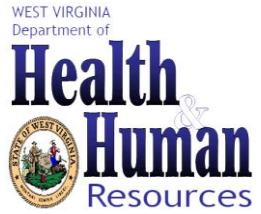




West Virginia Department of Health and Human Resources
Emergency Information / Permission Form
for Children in Child Care Settings

(This form is attached to Pierpont Christian Preschool Registration Packet)



A. FAMILY INFORMATION

1. **Child's name:** _____ Birthdate: _____ Male ____ Female ____

Home address: _____

City / State: _____ Zip Code: _____

Child's School: **Pierpont Christian Preschool** School Phone: **(304) 594-3785** Fax: **(304) 594-0804**

School Address: **52 Harner Run Road, Morgantown, WV 26058**

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

Insurance Company: _____ Policy number: _____

Preferred Hospital / Clinic for Emergency Care: _____

2. Mother / Guardian Name: _____ Home Phone: _____

Cell Phone : _____

Address: (if different from Child's) _____

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

Employer / School Address: _____

3. Father / Guardian Name: _____ Home Phone: _____

Cell Phone: _____

Address: (if different from Child's) _____

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 / Relationship to child	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
1.		
2.		
3.		

SPECIAL INSTRUCTIONS:

Biological/Custodial parents must be given access to their children unless there is a court order preventing contact. List any individuals below 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 Pierpont Christian Preschool to
(Name of Parent / Guardian)

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: ____ / ____ / ____

THIS DOCUMENT MUST BE NOTARIZED.

State of West Virginia, County of _____

The foregoing instrument was acknowledged before me on this ____ day of _____, 20____,

by: _____. My commission expires on _____.

(Notary Public)