

**First Presbyterian Child Development Center
Emergency Contact and Medical Information**

First Day of Attendance _____
 Child's Name (Last, First Middle) _____

 Custodial Parent's/Guardian's Name and Relationship _____

 Home Phone _____ Cell _____
 E-mail _____
 Home Address _____
 City/State/Zip _____
 Social Security _____
 Employer _____
 Work Address _____
 Work Phone _____
 Work Hours _____

Last Day of Attendance _____
 Child's Name (Last, First Middle) _____

 Custodial Parent's/Guardian's Name and Relationship _____

 Home Phone _____ Cell _____
 E-mail _____
 Home Address _____
 City/State/Zip _____
 Social Security _____
 Employer _____
 Work Address _____
 Work Phone _____
 Work Hours _____

**Alternate Emergency and Pickup Contacts – MUST BE LOCAL!
(Persons who will assume responsibility if parent cannot be reached.)**

Primary Contact and Relationship _____

 Home Phone _____ Cell _____
 Home Address _____
 City/State/Zip _____
 Work Phone _____

Secondary Contact and Relationship _____

 Home Phone _____ Cell _____
 Home Address _____
 City/State/Zip _____
 Work Phone _____

Medical Information

Hospital/Clinic Preference _____ Phone Number _____

 Hospital/Clinic Address _____

 Dentist's Name _____ Phone Number _____

 Physician's Name _____ Phone Number _____

 Insurance Company _____ Policy Number _____

Allergies/Special Health Needs (Dr. note must be attached) _____

Please Read, Sign and Date

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/r paramedics for my child and waive my right to informed consent of treatment. I authorize this child care center to transport my child for the purpose of emergency treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. Payment and fees will be assigned by parent/guardian.

Parent/Guardian's Signature _____ Date _____

I give permission to my child to go on field trips and all other activities, walking or transported. I release FPCDC and individuals from liability in case of accident during activities related to FPCDC as long as normal safety procedures have been taken.

Parent/Guardian's Signature _____ Date _____

I have had an opportunity to review the policies of this child care center and a summary of the WV rules for licensing child care centers located in CDC office.

Parent/Guardian's Signature _____ Date _____

I have been informed of the number of pets in the center and their degree of contact with the enrolled children.

Parent/Guardian's Signature _____ Date _____

I understand that I must keep informed the FPCDC if any of the above information changes within 24 hours of change.

Parent/Guardian's Signature _____ Date _____

I understand that payment for child care must be current or child care could be terminated.

Parent/Guardian's Signature _____ Date _____

Direct/Lead Teacher's Signature _____ Date _____