

# ELIBUNNY Family Child Care CHILD'S RECORD

- o INDICATE "N/A" IF THE INFORMATION IS NOT APPLICABLE.
- o THE COMPLETED FORM MUST BE KEPT IN THE CHILD'S RECORD AND THE FIRST PAGE UPDATED ANNUALLY.
- o THE INFORMATION IN THIS FORM IS REQUIRED BY FAMILY DAY HOME STANDARD 22 VAC 40-111-60.

Child's Full Name		Nickname	Sex	Birth date					
Street Address		City	State	Zip					
				First Day of Attendance					
				Last Day of Attendance					
If Child Attends School, Give Name of School				Grade					
<b>EMERGENCY INFORMATION</b>									
Allergies and intolerance to food, medications, or other substances. Actions to take in emergency situation.									
Chronic Physical Problems/Diseases; Pertinent Development Information; Special Accommodations Needed; Special Instructions to Provider									
Father's Full Name		Phone	Employer						
Father's Employer's Address (Street Address)				Father's Work Phone					
Father's Home Address (Street Address) (enter "Same" if address is the same as the child's)									
Mother's Full Name		Phone	Employer						
Mother's Employer's Address (Street Address)				Mother's Work Phone					
Mother's Home Address (Street Address) (enter "Same" if address is the same as the child's)									
Child's Physician		Office Address (Street Address)		Phone					
		City	State	Zip					
Name of Child's Medical Insurance				Policy Number					
Name of Emergency Contact if Parent(s) Cannot Be Reached		Street Address		Phone					
		City	State	Zip					
Name of Emergency Contact if Parent(s) Cannot Be Reached		Street Address		Phone					
		City	State	Zip					
Person(s) Authorized to Pick Up Child (Appropriate custodial paperwork (custody order or other court order) shall be attached if a parent is not allowed to pick up the child)									
<b>(Valid for One Year)</b>									
Parent Signature			Date						
<b>1<sup>st</sup> yr. review</b> _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">Parent Signature</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">Date</td> </tr> </table>					Parent Signature				Date
Parent Signature				Date					
<b>2<sup>nd</sup> yr. review</b> _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">Parent Signature</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">Date</td> </tr> </table>					Parent Signature				Date
Parent Signature				Date					
<b>3<sup>rd</sup> yr. review</b> _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">Parent Signature</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">Date</td> </tr> </table>					Parent Signature				Date
Parent Signature				Date					

## ELIBUNNY Family Child Care CHILD'S RECORD

### PROOF OF AGE AND IDENTITY (must be obtained from parent within 7 business days of child's first day of attendance)

Names & Locations (City and State) of Previous Child Day Care Programs & Schools Attended

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Proof of Age Other Than Birth Certificate*		Date Documentation Viewed	Person Viewing Documentation

### NOTIFICATION OF LOCAL LAW ENFORCEMENT AGENCY (if parent does not provide proof of child's age and identity within 7 business days of child's first day of attendance)

Date of Notification	Name of Agency Notified	Name of Individual Notified
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\*Proof of age and identity may be verified by viewing one of the following: certified birth certificate; birth registration card; notification of birth, i.e., hospital, physician, or midwife record; passport; copy of the placement agreement or other proof of the child's identity from a child placing agency; original or copy of a record or report card from a public school in Virginia; signed statement on letterhead stationery from a public school principal or other designated official that assures the child is or was enrolled in the school; or child identification card issued by the Virginia Department of Motor Vehicles.

### EMERGENCY MEDICAL AUTHORIZATION

I authorize \_\_\_\_\_ to obtain immediate care and consent to emergency medical procedures upon, the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to \_\_\_\_\_ if an emergency occurs and I cannot be located immediately.

Name of Licensed Provider  
Name of Child

It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise I expect to be notified immediately.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**The child's Emergency Information and the Emergency Medical Authorization must be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.**

### ADDITIONAL DOCUMENTS REQUIRED FOR CHILD'S RECORD

- \_\_\_ Immunization and Physical Examination Record Form MCH213 F (signed by physician, physician's designee, or health official)
- \_\_\_ Information for Parents (signed by parent)
- \_\_\_ Policy for the Administration of Medications (signed by parent)
- \_\_\_ Liability Insurance Declaration (signed by parent)
- \_\_\_ Provisions of the Home's Emergency Preparedness and Response Plan (signed by parent)

#### As Applicable:

- \_\_\_ General Permission for Regularly Scheduled Trips (signed by parent)
- \_\_\_ Special Field Trip Permission (signed by parent)
- \_\_\_ Medication Consent (signed by parent) **\*Valid for 10 days unless also signed by physician**
- \_\_\_ Permission to Participate in Swimming or Wading Activities (signed by parent) **\*Valid for one year**
- \_\_\_ Injury Record(s)

#### If Child with Special Needs is in Care:

- \_\_\_ Staffing Recommendation for a Child with Special Needs (signed by parent, provider, and Licensing representative)
- \_\_\_ Individual Health Care/Special Needs (signed by licensed health care professional)