

o INDICATE "N/A" IF THE INFORMATION IS NOT APPLICABLE. www.latishashomedaycare.com
 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
EMERGENCY INFORMATION			
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)			
_____ Year) Parent Signature Date			_____ (Valid for One

1st yr. review _____
Parent Signature Date

2nd yr. review _____
Parent Signature Date

3rd yr. review _____
Parent Signature Date

VDSS MODEL FORM - FDH Page 2 of 2

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 _____ Name of Licensed Provider 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 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)

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