

CHILD'S RECORD

***THE INFORMATION IN THIS FORM IS REQUIRED BY CHAPTER 59 FAMILY DAY CARE HOMES § 59-24.**

***THIS ENTIRE FORM MUST BE COMPLETED. INDICATE "N/A" IF THE INFORMATION IS NOT APPLICABLE.**

***THIS FORM MUST BE UPDATED ANNUALLY AND MAINTAINED IN THE CHILD'S RECORD.**

CHILD AND FAMILY INFORMATION		
Child's Full Name	Sex	Birth Date
First Date of Attendance	Last Date of Attendance	
Home Address		
Parent #1 Full Name	Home Address; if different from child's	Telephone Number
Employer	Employer's Address	Employer's Telephone Number
Parent #2 Full Name	Home Address; if different from child's	Telephone Number
Employer	Employer's Address	Employer's Telephone Number
EMERGENCY INFORMATION		
Child will be released ONLY to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the family day care provider has permission to contact the following individuals.		
Name of Emergency Contact	Address	Telephone Number
Name of Emergency Contact	Address	Telephone Number
Name of Person(s) Authorized to Pick Up the Child (Appropriate custodial paperwork shall be attached if a parent is not allowed to pick up).		
MEDICAL INFORMATION		
Allergies and intolerance to food, medications, or other substances. Include actions to take in an emergency situation.		
Chronic Physical Problems; Pertinent Developmental Information; Special Accommodations Needed, Special Instructions to Provider		
Child's Physician	Address	Telephone Number
Name of Child's Medical Insurance (if applicable)		Insurance Policy Number (if applicable)

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PROOF OF CHILD'S AGE AND IDENTITY (must be obtained within 7 business days of the child's first day of attendance)	
Name(s) & Address (es) of Previous Child Day Care & Schools Attended	
Method of Age and Identity Verification (i.e. birth certificate, passport)	
Person Viewing Documentation (Print Name)	Date Documentation Viewed
<p>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.</p>	

ADDITIONAL DOCUMENTS REQUIRED FOR THE CHILD'S RECORD

- Immunization Record
- Physical Examination Record
- Parent's Signed Acknowledgement of Receipt of Written Information for Parents
- Written Authorization for Emergency Medical Care

As Applicable:

- Written Care Plan for Child with a Diagnosed Food Allergy (must be completed by a physician)
- Special instructions (to include exception to an infant's sleeping position and an infant being fed on demand, and recommendations for the care and activities of a child with special needs)
- Medication Administration Authorization (signed by the parent) *Valid for 10 days unless signed by physician
- Swimming and Wading Authorization (signed by the parent)
- Field Trip Authorization (signed by the parent) *Valid for 1 year
- Injury Record(s)

ANNUAL REVIEW OF EMERGENCY CONTACT INFORMATION

_____ Parent Signature	_____ Date	_____ Parent Signature	_____ Date
_____ Parent Signature	_____ Date	_____ Parent Signature	_____ Date