

Little Eagle Child Care Center  
250 Murall Dr  
Kearneysville, WV 25430  
Phone (304) 264-7132 Fax (304) 264-7107

## Emergency Form / Medical Authorization

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Employer or School: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Hours of Work: \_\_\_\_\_ Days off: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Employer or School: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Hours of Work \_\_\_\_\_ Days off: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Group # : \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Subscriber's SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Other Relatives to be contacted if unable to reach parents:

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Little Eagle Child Care Center  
250 Murall Dr  
Kearneysville, WV 25430  
Phone (304) 264-7132 Fax (304) 264-7107

I hereby grant permission for my child, the below named minor, to use all the play equipment and participate in all the activities, which may include leaving the property.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian, the child's physician, or the person listed on the emergency information form.
2. If we can not contact you or your child's physician, we will do one of both of the following:
  - a. call another physician or paramedic
  - b. have the child taken to an emergency hospital in the company or of a staff member.
3. Any expenses incurred under item #2 will be done by the child's family
4. The school will not be responsible for anything that may happen as a result of false information give at the time of enrollment.
5. The child care center WILL NOT assume responsibility for a child who has not been signed in upon arrival for the day.

The undersigned, who are parents or guardians having legal custody of the above named minor, hereby authorize Little Eagle Child Care Center, Inc., In whose care the above named minor has been entrusted to rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorize the Little Eagle Child Care Center, Inc., to have the above named minor released into the custody of his/her representatives should hospital care no longer be required.

**This form is to be used ONLY in an emergency, when said parents and guardians can not be or are unavailable to contact.**

\_\_\_\_\_  
**Signature of Mother or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Father or Legal Guardian**

\_\_\_\_\_  
**Date**

Little Eagle Child Care Center  
250 Murall Dr.  
Kearneysville, WV 25401  
304-264-7132

**VA Pilot Program**

**Emergency Information:**

Child(ren) name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternative number: \_\_\_\_\_

**Allergy Information:**

My child no allergies that I am aware of.

My child has a food allergy. They are allergic to: \_\_\_\_\_

My child has allergies to: \_\_\_\_\_