

Fairfax County Park Authority
Emergency/Medical Information & Parent Agreement



Child's Full Name (last name, first name)	Nickname	Date of Birth	Sex
Address (# street, city, state, zip code)		Home Phone	
Chronic Physical Problems/Pertinent Developmental Info/Communicable Diseases/Special Accommodations Needed (please explain-use space on back if needed)			
Allergies or Intolerance to Food, Medications, etc. (Please list allergies and actions to take in an emergency situation-be sure to include any dietary restrictions; use space on Back if needed).			
Medications Child Takes (see website for appropriate medical authorization forms-use space on back if needed)			
What schools/day care programs has your child attended and list any other programs you child currently attends-use space on back needed.			

PARENT(S)/GUARDIAN(S)

Parent 1 Full Name	Place Employed	Business or Cell Phone
Home Address	E-Mail Address	Home Phone
Parent 2 Full Name	Place Employed	Business or Cell Phone
Home Address	E-Mail Address	Home Phone
Person(s) or Agency having legal custody: Address:		Phone: Email:

EMERGENCY INFORMATION (the state mandates 2 emergency contacts other than the parents)

Emergency Contact #1	Address (#, street, apt, city, state, zip)	Phone (home, work, cell)
Relation to child:		
Emergency Contact #2	Address (#, street, apt, city, state, zip)	Phone (home, work, cell)
Relation to child:		
Child's Physician/Phone		

AGREEMENTS

If swimming/wading activities are included in the program, my child is allowed to participate and his/her swimming ability is
 Non-Swimmer Beginner Swimmer Experienced Swimmer

I give my child permission to apply sunscreen to him/herself and I will be supplying my child with sunscreen. If my child has an adverse reaction to the sunscreen, take these actions:

I agree to inform the center within 24 hours if my child or any member of the household develops a reportable communicable disease, as defined by the State Board of Health, (immediate notification required if the disease is life threatening).

The center shall notify parents/guardians whenever their child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.

I hereby grant approval for my child to be photographed and/or videotaped by Fairfax County Park Authority to be used for the sole purpose of promoting or publicizing FCPA programs.

I hereby authorize the FCPA and/or designated contractor to seek medical treatment for my child, at the nearest facility, in the event emergency medical care is required. I understand that I am responsible for medical expenses incurred and that FCPA advises I carry health insurance for my child.**

**If there is an objection to seeking emergency medical care, the parent(s)/guardian(s) should provide a written statement of the objection and the reason for the objection.

I have read the policies for the program and agree to adhere to them. I certify the information above is complete and correct.

Parent/Guardian Signature
Date

Administrator of Center
Date

Emergency/Medical Information & Parent Agreement *(continued)*

Child's Name _____

For Office Use Only

CHILD IDENTITY VERIFICATION/PROOF OF CHILD'S IDENTITY

(required by Code of Virginia 63.2-1809 for licensed programs***)

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Verifying

FOR SAFETY REASONS, PLEASE DO NOT MAIL PROOF OF IDENTITY. PROOF MUST BE SHOWN TO STAFF PRIOR TO THE FIRST DAY OF THE PROGRAM.

Proof of child's identity and age may include any of these: original or certified copy of child's birth certificate, birth registration card, notification of birth record (hospital, physician or midwife record), passport, adoption/foster placement agreement, public school record, certification by a principal or his designee of public school in the U.S. that a certified copy of the child's birth record was previously presented, or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent.

Although we cannot keep a child out of a program without this proof, we are required, by law, to notify the local law-enforcement agency within seven days if we are not shown proof of child's identity.

Date of Notification of Law-Enforcement Agency (when required proof of identity is not provided): _____

***Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

ADA Statement: Any child needing accommodations under the Americans with Disabilities Act (ADA) or IDEA, require submission of the IEP or a Child Find evaluation prior to start date. At least 10 working days notice is required for accommodations after receipt of IEP or evaluation.

All children must be able to meet the FCPA/Katydid, Inc. Rules of Conduct as listed in the Katydid Preschool Handbook. ADA support services are received to meet those rules where it applies.

Use the space below (if needed) to provide any additional medical or other details we should know about your child.