



# EMERGENCY INFORMATION AND PARENT AGREEMENT FORM

## Emergency Information

TEACHER: \_\_\_\_\_ CLASS: \_\_\_\_\_ AM / PM

NAME OF STUDENT: \_\_\_\_\_  
(Last) (First) (Middle)

DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN (1) \_\_\_\_\_ Relationship: \_\_\_\_\_

PARENT/GUARDIAN (2) \_\_\_\_\_ Relationship: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Street) (City) (Zip)

HOME PHONE:(\_\_\_\_\_) \_\_\_\_\_ Parent/Guardian (1) CELL: (\_\_\_\_\_) \_\_\_\_\_ Parent/Guardian (2) CELL: (\_\_\_\_\_) \_\_\_\_\_

PARENT/GUARDIAN (1) WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_

PARENT/GUARDIAN (2) WORK PHONE:(\_\_\_\_\_) \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_

Has child been out of the country during the last three years?  Yes  No

*If yes, for 5 months or more in the last 3 years, evidence of a recent (within 30 days) negative TB test (Purified Protein Derivative "PPD" screening) is required. Has it been longer than 5 months?  Yes  No*

Is child a U.S. citizen?  Yes  No

*If no, and your child has not continuously resided in the U.S. for 3 or more years, evidence of a negative TB test (PPD screening) is required.*

What is the primary language spoken in your home: \_\_\_\_\_

EMERGENCY CONTACT (IF SCHOOL IS UNABLE TO REACH PARENT): **Full Address, including zip code, is required.**

Two names are required: (1) \_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

(2) \_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

NAME OF CHILD'S PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY NO. \_\_\_\_\_

If military, please provide personnel name, rank, branch of service, and medical record #: \_\_\_\_\_

CHILD CARE PROVIDER or OTHER SCHOOL CHILD CURRENTLY ATTEND (please note grade level if in a school):

Name/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The following information will be conveyed to medical personnel in the event of an emergency. If none apply to your child, please write "N/A": \_

Child's allergies (medication, food, insect bites): \_\_\_\_\_

Any existing medical conditions (e.g. asthma): \_\_\_\_\_

Medications, include dosage (Please list all medications, even if only administered at home): \_\_\_\_\_

\_\_\_\_\_

**Agreements**

*In the event of illness or medical emergency at school ...*

- (1) Centreville Preschool, Incorporated (CPI) agrees to notify the Parent/Guardian if Child becomes ill at school, and the Parent/Guardian agrees to pick the Child up as soon as possible upon notification.
- (2) The Parent/Guardian authorizes CPI to obtain immediate medical care if an emergency occurs and the Parent/Guardian cannot be immediately located. (Objections to this must be submitted in writing to the Health and Safety Director.)

*In the event of exposure to a reportable communicable disease ...*

- (3) The Parent/Guardian must notify CPI within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately. The list of reportable diseases and conditions is available in the CPI Parent Handbook, or you may contact the Virginia Department of Health.
- (4) CPI will notify parents of children exposed to a reportable communicable disease within 24 hours or the next business day after Centreville Preschool has been informed of the exposure, unless forbidden by law and except for life threatening diseases, which must be reported to parents immediately.
- (5) The Parent/Guardian must notify CPI immediately if the child or any member of the immediate household: tests positive for COVID-19; is exposed to someone who has tested positive for COVID-19; or displays symptoms of COVID-19. CPI will immediately notify parents of children who may have been exposed. Further COVID-19 protocols may be found in the Outdoor Class Agreement.

*Pick-up authorization ...*

- (6) Centreville Preschool will only release a child to the Parent/Guardian or persons authorized by the Parent/Guardian. Please be sure the person authorized to pick up your child has a car seat or booster for your child. CPI staff will not place a child into a car without a child restraint, as this is contrary to Virginia law.

PERSONS AUTHORIZED TO PICK UP CHILD:

\_\_\_\_\_

PERSONS NOT AUTHORIZED TO PICK UP CHILD:

\_\_\_\_\_

NAMES OF PARENTS/LEGAL CUSTODIANS OF CHILD (please print):

\_\_\_\_\_

Signed: (ALL INDIVIDUALS WITH LEGAL CUSTODY OF CHILD MUST SIGN)

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_