



Please complete this form with a dark pen.

## EMERGENCY AUTHORIZATION FORM

Child's name		Home phone
Child's address		
In the event of an emergency, a parent will be contacted as soon as possible. Please list all phone numbers where you may be reached.		
Parent/Guardian #1		Relation
Phone numbers (in priority order)		
Parent/Guardian #2		Relation
Phone numbers (in priority order)		
A minimum of two additional emergency contacts must be listed. If neither parent can be located, attempts will be made to contact these individuals in the order listed.		
Contact #1		Relation
Complete address	Phone number(s)	
Contact #2		Relation
Complete address	Phone number(s)	
Child's physician		Physician's phone number
Health insurance carrier	Policy number	Name of insured
<input type="checkbox"/> My child is not covered by a health insurance policy.		
<input type="checkbox"/> Members of the CELC teaching staff may have access to the health insurance information I have submitted. <input type="checkbox"/> I am not willing to disclose information regarding my child's health insurance coverage.		
I authorize the staff of the Connections Early Learning Center to obtain immediate medical care if an emergency occurs and a parent cannot be located immediately.		
Date	Printed name of parent or guardian	Signature

## CHILD RELEASE AUTHORIZATION

Child's name	Parents
Full name individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)
Full name of individual	Phone number (s)

I (we) hereby authorize the staff of Connections Early Learning Center to release my (our) child to any of the individuals listed above. I (we) understand that this list may be updated at any time and that children will be released only to persons I (we) have authorized.

\*The following person(s) is NOT authorized to pick up my (our) child.

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Printed name of parent or guardian

\_\_\_\_\_

Signature

\*Appropriate paperwork such as custody documents shall be attached if a parent is not allowed to pick up the child.  
 NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.