

Emergency Information and Authorization Form

Child's name _____ Nickname _____ DOB ___/___/___

Address _____ Zip code _____

Allergies, seizures or other medical condition(s): _____

Pediatrician _____ Phone (____) _____ - _____

Pediatrician address _____ Zip code _____

	Parent/Guardian #1	Parent/Guardian #2
Name		
Email		
Home Phone		
Work Phone		
Cell Phone		
Home Address		
VU ID#		
Job Title		
Department		

If the parents/guardians cannot be reached, VCFC is authorized to contact the following persons to act on behalf of my child, and including if the child is sent home ill:

	Emergency Contact #1	Emergency Contact #2
Name		
Address		
Home Phone		
Work Phone		
Cell Phone		

Additional persons authorized to pick up my child from VCFC:

First and Last Name	Cell Phone	Other Phone

All persons picking up any child from VCFC must be at least 18 years of age and be prepared to present their government issued photo ID upon request.

CHILD'S SCHEDULE

	Drop- Off Time	Pick-Up Time
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Per DHS regulation, a child may not be on site for care more than 12 consecutive hours in a 24 hour period.

AGREEMENTS AND AUTHORIZATIONS

(Initial)

___ *Emergency Medical Consent* - I authorize VCFC to seek emergency medical care on behalf of my child. In the event of a medical emergency, VCFC will contact 911 to expedite medical care.

___ I understand and agree that I, as parent or guardian, am solely responsible for the acts of my child during the time they attend VCFC.

___ I understand and agree that neither Vanderbilt Child and Family Center's The Acorn School, Vanderbilt University, nor any of their officers, agents, or employees are liable for bodily injuries or illnesses suffered by my child or damages to personal belongings, unless the injury, illness, or property damage was the direct result of willful negligence on the part of those operating the Center.

___ This will acknowledge that I have received a copy of the "Summary of Child Care Approval Requirement" provided by the State of Tennessee Department of Human Services.

___ I read and understand and agree to comply with the policies and procedures which inform the VCFC services providing licensed child care, and as contained in The Acorn School Parent Handbook. An electronic copy is accessible on the VCFC website.

___ I understand that VCFC provides access to the child care center classrooms to the Peabody College of Education and Human Development for observation, training and research opportunities.

___ I will provide VCFC with a Tennessee Department of Health Official Immunization Certificate AND documentation, signed or stamped by a physician or licensed medical provider, that my child has completed a well-child examination *before my child is accepted into care*. It is my responsibility to provide ongoing documentation of immunizations, as these are updated, or my child will not be accepted into care.

___ I understand that DHS requires outdoor play every day. I give my permission for my child to go on a class walk/stroller ride in the neighborhood as DHS ratio for adult: child staffing allows. This includes Scarritt Bennett and Peabody Campus.

___ I understand that VCFC teaches a Personal Safety Unit to children in preschool (ages 3 – 5 years). This unit will include: Personal Safety, Sun Safety, Water Safety, Firearm Safety, and Fire Safety. Content is developmentally appropriate and supports children to avoid danger and seek adult help.

Parent Signature

___/___/___
Date

This completed form and the Certificate of Immunization, Care Plan form, and Parent Handbook forms (pages 31 and 33) must be completed and on file or the child will not be allowed on site for care at VCFC's The Acorn School. (Currently enrolled families have through June 1, 2020 to submit these documents to their site director.)