



Arlington County Department of Human Services

Child and Family Services Division

Child Care Office

(703) 228 1685

EMERGENCY MEDICAL CONSENT FORM

I, , hereby give consent for emergency medical care provided for my
child(ren):

While he/she/they is/are in care at Ana's Kids Fun and Creative Daycare Center

Physician/Clinic:

Address:

Hospital:

In cased of an emergency I can be reached at:

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Signature

Notarized

City/County:

Commonwealth/State of:

Acknowledged before me this

day of

My Commission Expires:



Insurance Information

Name of Insurance Company/Medicaid:

Address:

Telephone:

Name and Address of relative, friend, or otherwise responsible person to contact in case parents cannot be reached

Name:

Address:

Telephone:

Parent/Guardian:

Address:

Telephone:

Person's authorized to pick up Children:

Persons NOT authorized to pick up children:

General Health:

Allergies:

Special Needs: Please include the following information with your \$100.00 non-refundable pre-enrollment fee. When your registration form and fee are received, you will be placed on a waiting list.