

Annual Update Form for _____

EEC regulations require that all Children’s records be reviewed and updated as necessary, but at least once a year. All written permission forms are valid for one year from the date it is signed unless the consent is withdrawn in writing prior to that time.

ANNUAL UPDATE FORM

By signing this form, you agree that you have reviewed information in Enrollment Packet. Please review the information contained in this record and make any corrections. By signing this form, you are stating that you give the educator(s) permission to:

- 1. Transport your child to a medical facility and receive emergency medical treatment***
- 2. Administer basic first aid and/or CPR on your child.
- 3. Take your child off the premises of the family child care home for the specified excursions.
- 4. Apply the topical medications listed on the applicable permission form.



- 5. Please provide a copy of your child latest physical that includes immunizations and lead test w/ results if applicable.

*** The actual permission forms on the Emergency Card/Form that the provider must take with Educator when child leaves the premises must be reviewed and signed annually.

Parent’s/Guardian’s Signature

Date

Please list any information that you would like to change or add. (Example: Emergency Contact, Phone Numbers or Addresses)

Emergency Card Information

REMINDER : *This emergency card information is for the educator's first aid kit. The educator(s) must take first aid materials when leaving the child care premises.*

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Phone: _____

Instructions to Reach Parent or Guardian

1. _____
(Name, Address, Home and Cell Phone #)

2. _____
(Name, Address, Home and Cell Phone #)

Contact Information for Physician or Health Care Professional

1. _____
(Physician's Name, Address, Phone #)

Emergency Contact Person(s)

1. _____
(Name, Address, Home and Cell Phone #)

2. _____
(Name, Address, Home and Cell Phone #)

Emergency Medical Treatment

I hereby give _____ permission to administer basic first aid and
(Name of educator/assistant)

or CPR to my child _____ and/or take my child _____
(Name of child) (Name of Child)
to a hospital for medical treatment when delay would be dangerous to my child's health.

Parent/Guardian

Date

Other pertinent medical information: _____

Medical Insurance Information (Optional)

Subscriber's Name: _____

Type of Insurance: _____

Policy Number: _____

[] Copy of insurance card