

Valle Verde Children's Center
3275 Peachwillow Lane
Walnut Creek, CA 94598

EMERGENCY DISASTER FORM

Name of Child: _____

In case of accident or emergency, my child may receive whatever medical attention is deemed necessary. I understand that every attempt will be made to contact me first in the event of an emergency.

Phone Numbers:

Name of Parent (1): _____

Home Phone: _____ Work: _____ Cell: _____

Name of Parent (2): _____

Home Phone: _____ Work: _____ Cell: _____

Preferred Hospital: _____

Insurance and/or ID Number for Child: _____

Name of Doctor: _____ Phone Number: _____

Name of Dentist: _____ Phone Number: _____

Any Known Allergies:

Food: _____

Medications: _____

Environmental: _____

Ongoing Health Issues: _____

In the case that VVCC is unable to contact child's parents in an emergency/disaster, names of additional persons who may be called and are authorized by to take the above named child from the center.

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Parent's Signature: _____ **Date:** _____

THIS FORM IS USED IN ALL EMERGENCY/DISASTER SITUATIONS AND FIELD TRIPS. PLEASE KEEP THIS FORM UPDATED!

VALLE VERDE CHILDREN'S CENTER

SUNSCREEN AUTHORIZATION FORM

- Due to new legislation from Community Care Licensing regarding sunscreen in childcare settings, **VVCC will no longer be able to provide sunscreen for your child.**
- **Each child needs a labeled bottle of sunscreen in his/her cubby or backpack daily.**
- Children may not share sunscreen.
- If your child is signed up for the pool and does not have his/her own sunscreen, for their safety, they will not be able to go to the pool.

We have blocks of time where children may apply sunscreen. A teacher will be available to assist your child, if necessary.

I, _____ give Valle Verde Children's Center permission to apply sunscreen
Name of Parent/Guardian

to my child _____.
Name of Child

Additional Notes/Instructions:

Parent/Guardian Signature: _____ Date: _____

VALLE VERDE CHILDREN'S CENTER

SUMMER FIELD TRIP PERMISSION FORM

My child, _____, has my permission to attend the following field trips:

(Check all that apply.)

WEEK	DESTINATION	DEPARTURE DATE & TIME		✓ FOR "YES"
2	Adventure Playground	Monday, June 18	8:30 AM – 5:00 PM*	
3	Walt Disney Family Museum	Wednesday, June 27	8:15 AM – 5:00 PM*	
5	Lindsay Wildlife Experience	Wednesday, July 11	10:00 AM – 3:30 PM*	
6	Exploratorium	Wednesday, July 18	TBD	
7	Prewett Family Water Park	Wednesday, July 25	9:45 AM – 4:15 PM*	
8	Oakland A's Game (3 rd Grade +)	Wednesday, August 1	10:30 AM – 6:00 PM*	
9	Boomers!	Wednesday, August 8	9:15 AM – 4:30 PM*	

**Times are approximate.*

For safety, there is no dropping off or picking up from field trips.

- In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgery, or dental diagnosis or treatment and hospital care is considered necessary in the best judgment of the attending physician, surgeon, or dentist and is performed by or under the supervision of a member of the medical staff or the hospital/facility furnishing medical or dental services.
- In consideration of my child's participation in the Valle Verde Children's Center summer program, I voluntarily release the Valle Verde Children's Center, its officers, agents, employees, and volunteers from any and all liability for injuries, death, or property damage resulting from or in any way connected with my child's participation in these activities.
- I fully understand that participants are to abide by all rules, regulations, and governing conduct during the trips. Any violation of these rules and regulations will result in that individual being sent home at his/her expense.

My child has the following allergies: _____

If your child needs medication, please fill out our Medication Consent Form.

All medication will be administered by VVCC staff.

Parent/Guardian Signature	Daytime Phone	Date
Medical Insurance Carrier	Name of Doctor	Phone Number