

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: _____

E-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:

E-Signature: _____ Date: _____