

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!**