

**Hampton University
Hampton VA 23668**

Required Attendance Information

Child	Nickname	Date of Birth	Sex
Address		Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			

PARENT(S)/GUARDIAN(S)

Mother/Guardian		Place Employed & Job Title		SSN
Home Phone	Cell Phone	Work Phone	Email	
Home Address, City, State, Zip				
Father/Guardian		Place Employed & Job Title		SSN
Home Phone	Cell Phone	Work Phone	Email	
Home Address, City, State, Zip				
Person(s) or Agency having Legal Custody of Child				
Home Address			Home Phone	
Business Address			Business Phone	
Email			Cell Phone	

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to take in an Emergency		
Child's Physician		Phone
Two People to Contact if Parent Cannot Be Reached 1.	Full Address, including City State, Zip 1.	Phone 1.
2.	2.	2.
Person(s) Authorized to Pick Up Child		
Person(s) NOT Authorized to Pick up Child *		

*Appropriate Paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

AGREEMENTS

- 1. Hampton University agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the University.

- 2. The parent(s)/guardian(s) authorize the Hampton University to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.**

- 3. The parent(s)/guardian(s) agree to inform the Hampton University within 24 hours or the next business day after his or her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

SIGNATURES

Parent(s) or Guardian(s)	Date

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**If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and reason for the objection

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Parent has provided the following Documentation:

_____ Child’s Birth Certificate Copy

_____ Parent’s Driver’s License Copy

Hampton University
EMERGENCY INFORMATION FORM

Child's Name _____ Date of Birth _____

Sex ___ M ___ F ___ Race ___ Child's Age: _____ Child's Social Security # _____

Mother's Name _____ Father's Name _____

Mother's Emergency Phone Number(s) _____

Father's Emergency Phone Number(s) _____

List in priority order the persons, other than yourself, you want us to contact in case of an emergency.

NAME OF CONTACT	RELATIONSHIP	ADDRESS	PHONE NUMBER

- Hampton University will notify the above named persons in the event of an illness or emergency. The persons listed above agree to pick up your child as soon as possible, preferably within 20 to 30 minutes after notification in the event of an emergency situation. (INITIALS _____)
- The parent/guardian authorizes Hampton University to obtain immediate medical care if any emergency occurs, and none of the emergency contacts can be reached. (INITIALS _____)
- If an emergency should occur, the parent/guardian requests/authorizes Hampton University to contact _____, my child's physician. The physician's telephone number is _____. (INITIALS _____)
- If an emergency should occur, the parent/guardian requests/authorizes Hampton University have emergency room doctors examine and treat my/our child for such emergencies as need may arise. Exceptions to treatments, if any are: _____. (INITIALS _____)

Health Insurance Company _____ Policy Number _____

Sponsor's Social Security Number (if military) _____ Name _____

Allergies to Medication _____

Date of last DPT or Tetanus _____ Chronic Illnesses _____

Parent/Guardian's Signature _____ Date _____

Authorization for Emergency Medical Care

I, _____, parent(s)/guardian(s) of _____, permit the Hampton University staff to authorize medical, dental, and hospital care and treatment, including but not limited to, examination, diagnostic tests and medications. This includes anesthetics, the performance of surgery and any and all other medical and dental treatment deemed necessary by duly licensed medical personnel for the health and well-being of my child when the staff is unable to reach me or any person listed on my child's emergency form.

Printed Name Signature:

Date: