



Daybreak Program
Information Form

Personal Information

Name of child: _____ Date of Birth: _____

Address: _____ City: _____ State: Virginia Zip: _____

Home Phone: _____ Cell Phone : _____ Email: _____

Name(s) of Parent or Guardian: _____

Emergency Contact (other than parent) Name: _____ Phone: _____

Does he/she have Speech? _____ If not, please describe how he/she communicates _____

If he/she has any emotional /behavior problems, please describe and tell us the best way to handle it: _____

Eating habits (list any special assistance needed) _____

Toilet habits (list any special assistance needed): _____

Favorite Activities: _____

Medical Information

Physician's Name: _____ Phone: _____

Type of Disability: _____

Does the child have a history of seizures? _____ If so please describe: _____

Other medical Problems: _____

Specific activities or movements to be avoided: _____

Allergies: _____

List any special equipment: _____

Does the child take any medications? _____ If YES, please list names and any side effects we need to be aware of: _____

Anything else you would like us to be aware of: _____

Signature: _____ Date: _____

Name of child: _____

I understand that Daybreak staff is in full charge of my child during my absence and has permission to seek any medical attention needed by my child. I (as parent/guardian) maintain responsibility for all medical expenses for my child. I also agree that I will not send my child to the program if he/she has been ill in the last 24 hours.

Signature Date

I hereby release and discharge Daybreak staff and the Arc of Rappahannock from any legal liability for any injuries or illness suffered by my child (excluding any that are intentional in nature) while attending the Daybreak program. I have fully disclosed to Daybreak all pertinent facts about my child's needs and hereby certify that the above information and statements are accurate and my child has permission to participate in the Daybreak program.

Signature Date

Photography Release: I do _____ do not _____ give my permission for my child's name _____, photo _____ or both _____
To be used for publicity purposes.

Signature Date

The following persons are hereby authorized to pickup my child at the conclusion of the Daybreak program:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Note: Please notify the Daybreak coordinator when someone other than yourself will be picking up your child.

Signature Date