

CHILD'S NAME	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

IDENTIFYING INFORMATION	
A) MOTHER'S NAME	HOME TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMPLOYED BY	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
B) FATHER'S NAME	HOME TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMPLOYED BY	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
BUSINESS TELEPHONE NUMBER ()	

EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR)	
NAME	TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
NAME	TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE FACILITY	
NAME	NAME

PLEASE COMPLETE BACK.

TO BE COMPLETED BY CHILD CARE FACILITY
ADMISSION DATE
DISCHARGE DATE

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE**PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY**

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows

DOCTOR/CLINIC NAME	TELEPHONE ()
PREFERRED HOSPITAL NAME	TELEPHONE ()

FIELD TRIPS AND TRANSPORTATION

(COMPLETE THIS SECTION ONLY IF FACILITY TAKES FIELD TRIPS OR PROVIDES TRANSPORTATION)

I DO I DO NOT

GIVE CONSENT FOR MY CHILD TO TAKE PART IN FIELD TRIPS OR EXCURSIONS WITH THIS CHILD CARE FACILITY UNDER PROPER SUPERVISION. IT IS MY UNDERSTANDING THAT I WILL BE NOTIFIED WHEN SUCH TRIPS ARE PLANNED.

AGREEMENTS

A. I have been informed of the required health and safety inspections and that the inspection forms are available for review.

B. When my child is ill, I understand and agree that my child may not be accepted for care.

PARENT/LEGAL GUARDIAN SIGNATURE

HEALTH REPORT FOR SCHOOL-AGE CHILD**CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

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ANY SPECIAL MEDICATIONS AND/OR RESTRICTIONS

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This certifies that my child, is to my knowledge, in good health and free of disabilities that would endanger him/her or other children in day care.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE
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PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP.)	IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT.)
	TELEPHONE NUMBER

IDENTIFYING INFORMATION	
CHILD'S NAME	BIRTHDATE
AREA OF CONCERN	
ADAPTIVE EQUIPMENT OR SUPPLIES NEEDED AT DAY CARE	
MEDICATION/TREATMENT CHILD IS TO RECEIVE AT FACILITY DURING CHILD CARE HOURS	
If the child is to receive treatments during his/her scheduled hours of care, how and by whom is this treatment to be administered?	
SYMPTOMS/INDICATORS/POSSIBLE PROBLEMS RELATING TO CHILD'S CONDITION/TREATMENT HEALTH PROBLEMS THAN CAN RESULT IN AN EMERGENCY	
PHYSICIAN/SPECIALIST SIGNATURE	DATE
X	

AUTHORIZED TO PICK UP YOUR CHILD:*

NAME	PHONE NUMBER	RELATION TO CHILD

*We will need to see ID upon first meeting them, this is to insure the utmost safety for your child(ren).

I _____, am approving that anyone listed above, in addition to parents (unless notified otherwise), will be able to pick up my child(ren) from preschool. In the event that it is necessary to have anyone other than the people listed above to pick up my child(ren), I will notify the teacher with a signed note.

Please print name of child(ren): _____

Signature _____