

Child's Record

Admission Date

Discharge Date

Name of Child: _____

Birth Date: _____

Address: _____

Home Phone: _____

Parent or Guardian Information:

1. Name: _____

Address (if different from above): _____

Email Address: _____

Home Phone: _____

Place of Employment: _____

Physical Address: _____

Work Phone: _____

Cell Phone: _____

2. Name: _____

Address (if different from above): _____

Email Address: _____

Home Phone: _____

Place of Employment: _____

Physical Address: _____

Work Phone: _____

Cell Phone: _____

Other Contact Information:

Name, address, and phone number of next-of-kin, other than parents:

If parent or guardian cannot be reached by phone during the time the child is in care, how can he or she be reached?

Name, address, and phone number of a person other than the parent to be contacted in case the parent can't be reached in an emergency:

Names of persons permitted to remove the child from the child care facility:

The facility must be notified by the parent or guardian of any changes to the above information as well as when regular transportation or pick-up methods will vary.

Medical Information & Permissions

Name, address, and phone number of child's physician:

Name, address, and phone number of family dentist:

Known Allergies:

Known Medical Problems:

Any Special Needs:

Date of last Tetanus Shot: _____

Please list here or on an attached sheet of paper any significant factors concerning the child's health, emotions, or living situation that might influence the child's adjustment to this child care facility or that might be important to know when providing a nurturing and supportive environment for him or her.

I hereby give my consent, in the event of a medical emergency when I can not be contacted, for child care personnel to obtain whatever treatment may be deemed necessary for _____ (name of child) born _____.

This authorization includes my consent for the above named child to receive treatment by a physician in any hospital emergency department.

(signature of parent or guardian)

(signature of witness/care provider)

Date: _____