CHILD'S RECORD

Enrollment Date__________________________ Initial Placement Date_____________________

Child's Name:	Nickname:	Sex:	Birthdate:
Address:	City, State, Zip:	Telephone:	

Mothers Name:____Occupation:__________________
Home Address:____Phone:______________________
Work Address:____Phone:______________________

Fathers Name:____Occupation:__________________
Home Address:____Phone:______________________
Work Address:____Phone:______________________

Others in household:

Name	Age	Relationship

Additional persons who may be called in the event of an emergency, and who are authorized to remove the child from the facility. (Your child will not be allowed to leave with any other person without written authorization from parent or guardian).

Name	Address	Telephone	Relationship

Physician or Dentist to be called in emergency

Physician:	Address:	Medical Plan &/or Policy #	Telephone:
Dentist:	Address:	Medical Plan &/or Policy #	Telephone:

If Physician cannot be reached, what action should be taken?
______Call Hospital ______other Explain:____

____

Which hospital do you prefer?____

Past illnesses - Check those child has had and approximate date.

❑ Chicken Pox	Date	❑ Hay Fever	Date	❑ Whooping Cough	Date	❑ Ten Day Measles (Rubeola)	Date
❑ Asthma		❑ Diabetes		❑ Mumps		❑ Three Day Measles (Rubella)	
❑ Rheumatic Fever		❑ Epilepsy		❑ Polio-myelitis		❑Other serious illness/ accident	

Does your child have any special problems or fears? Explain:___________________________________

____

Are the problems serious enough to restrict our child's activities? Yes___ No___

Explain:____

Describe, if any, special care required:____

Does your child have frequent colds? Yes____ No___ How many in the last year?______

List any allergies staff should be aware of:____

Is your child currently taking prescribed medication? Yes___ No___

If yes, for what reason?__________________________ Is it a chronic illness? Yes_____ No___

What is the mane of the medication?____

What do you plan to do when your child is ill?____

Reason for requesting day care placement:____

CONSENT FOR MEDICAL TREATMENT

In an emergency,____(Providers Name) has my permission to call an ambulance or to take my child to any available physician or hospital at my expense. Yes__ No___

In an emergency, my child may receive first aid Yes__ No___

In an emergency, the above named person has my permission to call Dr.__________________________at (phone number)________________________and, if necessary, give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense. Yes__ No___

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Signature of Parent or Guardian Date