



Child's Information Sheet

Admit Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

	Mother	Father
Name:		
Address:		
Cellular Phone #:		
Home Phone #:		
Employer:		
Work Phone #:		

Person with who the child lives: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone #: \_\_\_\_\_

Emergency Contacts	
Name	Phone #

Does your child have any food allergies: Yes No

Does your child have any other allergies: Yes No

Does your child have any dietary restrictions: Yes No

Does your child have any special needs or health concerns: Yes No

Please explain any "Yes" answer here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to my child's Emergency Contacts, I give my permission to release my child to the following individuals, child care facilities or transportation services. Please notify these individuals that they may be asked to show proof of identity.)

Name (First & Last)	Relationship

I, \_\_\_\_\_ here by authorize *Emery's Child Care* to secure emergency medical treatment for my child \_\_\_\_\_ should the need arise.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Permission to Release Photograph

I give permission to Emery's Child Care to release a photograph/recording of my child

\_\_\_\_\_ (insert child's name) to:

- Emery's Website
- facebook
- Local Newspaper
- Parental Emails

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Permission to Release Photograph

I give permission to Emery's Child Care to release a photograph/recording of my child

\_\_\_\_\_ (insert child's name) to:

- Emery's Website
- facebook
- Local Newspaper
- Parental Emails

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Authorization for the Application of Topical Products

Child's Name: \_\_\_\_\_

I give permission for *Emery's Child Care* staff to apply the following topical products to my child whether provided by the center or myself:

- ( ) Sunscreen
- ( ) Insect Repellant
- ( ) Diaper Rash Ointment
- ( ) Other \_\_\_\_\_  
(name of product)

This one-time authorization will remain in effect until a new authorization is signed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### Parental Awareness of Recordings

I am aware that *Emergy's Child Care* may utilize recordings and/or taping of my child such as digital recordings, videotaping, audio recordings, web cam while in the center for observation/security purposes.

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Parent/Guardian Signature

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Date



**Over the Counter Medication Authorization Form**

*(Medication must be in original container)*

Child's Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Special Instructions / Circumstances for Administering "As Needed" medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*All information must be provided for medication to be administered.**

Administration Documentation

Phone Contact Time & Date	Date Given	Time Given	Dosage Given	Staff Signature

\*Shall be updated by parent/guardian as changes occur or at least every 3 months.



**Prescribed Medication Authorization Form**

*(Medication must be in original container)*

Child's Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be Given: \_\_\_\_\_

Date(s) to be Given: \_\_\_\_\_

Side Effects: \_\_\_\_\_

\_\_\_\_\_

Special Instructions (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

**\*All information must be provided for medication to be administered.**

Administration Documentation

Date Given	Time Given	Dosage Given	Staff Signature

\*Maintenance medication authorization shall be updated as changes occur or at least every 3 months.





**Please include a copy of the following documents:**

- 1.) Birth Certificate
- 2.) Immunization Record
- 3.) Signed statement from your child's physician regarding emergency procedures related to allergies