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 Emery'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.

_____ _____

Parent/Guardian Signature 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

Emergency Medical Card

Child's Name:

DOB:

Blood Type:

Home Address:

Add child's Picture here

Emergency Contact 1: **Name/Number/Relation**

Emergency Contact 2: **Name/Number/Relation**

Allergies:

Medications: