

CHILD'S RECORD

Admission Date: _____ Discharge Date: _____

Name of Child: _____ Birthdate: _____

Address: _____ Telephone: _____

Father's Name: _____

Address, if different from above: _____

Place of Employment: _____ Telephone: _____

Employment (physical) Address: _____

Work phone: _____ Cell Phone: _____

Mother's Name: _____

Address, if different from above: _____ Telephone: _____

Place of Employment: _____ Telephone: _____

Employment (physical) Address: _____

Work phone: _____ Cell Phone: _____

Name, Address and Telephone Number of next-of-kin other than parents:

If parent cannot be reached by telephone during the time the child is in care, how can the parent be reached? _____

The name address, and telephone number of a person other than the parent to be contacted in case the parent cannot be reached in an emergency: _____

Name of persons who are to be permitted to remove the child from the home/center:

Name, Address, and Telephone number of family physician: _____

Name, Address, and Telephone number of family dentist: _____

The facility **MUST** be notified by the parent when regular transportation or pick-up methods will vary.

MEDICAL INFORMATION

"I hereby give my consent, in the event of medical emergency when I cannot be contacted, for child care staff to obtain whatever treatment may be deemed necessary for

(D.O.B.)

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

I hereby give my authorization for emergency medical treatment as outlines above.

Known allergies:

Known medical problems:

Last tetanus shot:

Please list here or on an attached sheet of paper a summary record of significant factors concerning the child's adjustment in the home/center, unusual events and occurrences.

(Parents or guardian signature)

(Witness/Provider)

(Date)