

Child's Health and Emergency Information for Family Child Care Homes

(To be completed by the child's parent or guardian)

Date of Application: _____

Date of Enrollment: _____

Information on Child

Child's Name _____ Name Called _____ Birthdate _____

Address _____ Home Phone _____

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Workplace _____ Workplace _____

Work Phone _____ Work Phone _____

Person(s) responsible for pickup and delivery _____

Other person(s) allowed to pick up child from child care home _____

In case of emergency when a parent cannot be reached, please notify:

1. Name _____ Phone _____
Address _____ Relationship _____

2. Name _____ Phone _____
Address _____ Relationship _____

3. Name _____ Phone _____
Address _____ Relationship _____

Please give specific instructions if your child needs special assistance, equipment, or materials to participate in activities.

List any allergies your child may have: _____

What are your child's favorite toys, games, and food? _____

Other important information about your child _____

Illnesses

Check the following illnesses that your child has had:

- | | | |
|--------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> German Measles |
| | <input type="checkbox"/> Red Measles | <input type="checkbox"/> Rheumatic Fever |

Check recurring problems that your child may have:

- | | | |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Strep Throat | <input type="checkbox"/> Eczema |

Other Illnesses _____

Medical Care Information

My Child's Physician is:

Name: _____
Address: _____
Telephone Number: _____
Number: _____

My Child's Dentist is:

Name: _____
Address: _____
Telephone _____

Authorization for Emergency Medical Care

In case of accident or illness requiring medical attention, the undersigned authorize's _____ (child care provider) to call a health care provider or to take my child _____ (child's name) to the nearest hospital or doctor; and it is understood that if possible, his services will be obtained. If neither parents nor preferred health care provider can be contacted, the child care provider is authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of the child care provider, are true emergencies.

The health care provider to call is:

Name: _____
Address: _____
Telephone Number: _____

My hospital preference is:

Name: _____
Address: _____
Telephone Number: _____

I agree to be responsible for the cost of such emergency medical care.

Parent(s)/Guardian(s) _____ Date _____
_____ Date _____