H. Child's preadmission record

DHR-CDC-739
Revised 1/01

CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ( )
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number: ( )	Employer's telephone number: ( )
List telephone numbers such as beeper, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ( )

Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. I give permission for the child care facility to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____ / _____
Signature **Date**

Form not valid without signature of child's parent/guardian

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

_____/_____

Signature of parent/guardian *Date*

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	**yes**	**no**	**Signature of parent/guardian**	**Date**
Transportation provided by the facility:	**yes**	**no**	**Signature of parent/guardian**	**Date**
Swimming/wading activities provided by the facility:	**yes**	**no**	**Signature of parent/guardian**	**Date**

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ **Child's withdrawal date:** _____

Additional information may be attached.

INDIVIDUAL TRANSPORTATION AUTHORIZATION AND PLAN
FOR SCHOOL-AGE CHILDREN TRANSPORTED
TO AND FROM SCHOOL BY CENTER

I, _____, as parent /guardian
(Name of Parent/Guardian)

of _____, request and authorize
(Name of Child)

_____ to provide transportation for
(Name of Center)

my child: () from the center to _____ each
(Name of School)

morning; () from _____ to
(Name of School)

the center each afternoon.

I understand that if my child is not at the agreed upon location for pickup the center is not to be held responsible, but that the center will make reasonable effort to locate him/her and will notify me and appropriate authorities, if necessary.

I further understand that changes in this transportation plan will not be accepted unless they are requested in writing and signed by me.

_____
(Signature of Parent/or Guardian)

_____
(Date)