

JUST FOR KIDZ!

ADMISSION DATE _____/_____/_____

(FIRST DAY IN CARE)

CHILD'S NAME _____ SEX: M F BIRTHDATE: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MOTHER'S NAME _____ PHONE NUMBERS: _____/_____

DRIVER'S LICENSE # _____ ST _____ SSN * * * - * * - _____

FATHER'S NAME _____ PHONENUMBERS: _____/_____

DRIVER'S LICENSE # _____ ST _____ SSN * * * - * * - _____

IN CASE OF EMERGENCY IN WHICH THE PARENTS CANNOT BE REACHED, THE FOLLOWING PERSONS MAY PICK UP MY CHILDREN:

1) _____
NAME RELATION PHONE NUMBER DL #

2) _____ NAME
RELATION PHONE NUMBER DL #

***** SPECIAL EMERGENCY REFERRAL INSTRUCTIONS*****IN THE EVENT I CANNOT BE REACHED OR MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION AT THE TIME OF ILLNESS OR ACCIDENT, I HEREBY AUTHORIZE _____ TO TAKE MY CHILD TO:

NAME OF CHILDCARE FACILITY

1) _____
DOCTOR NAME ADDRESS PHONE #

2) _____
CLINIC/HOSPITAL ADDRESS PHONE #

PARENT/GUARDIAN SIGNATURE _____ DATE _____
MY CHILD ATTENDS:

NAME OF PUBLIC SCHOOL (IF ANY)

TELEPHONE #

MY CHILD'S IMMUNIZATION RECORDS ARE ON FILE AT THE SCHOOL/FACILITY AND ALL IMMUNIZATIONS AND TUBERCULOSIS TEST RESULTS ARE CURRENT.

SIGNATURE- PARENT OR LEGAL GUARDIAN

DATE

LIST ANY SPECIAL INSTRUCTIONS FOR YOUR CHILD SUCH AS ALLERGIES, EXISTING ILLNESS, PREVIOUS SERIOUS ILLNESS, INJURIES DURING THE PAST TWELVE MONTHS, ANY MEDICATION PRESCRIBED FOR LONG-TERM CONTINUOUS USE, AND ANY OTHER INFORMATION WHICH STAFF SHOULD BE AWARE OF:

SIGNATURE-PARENT OR LEGAL GUARDIAN

DATE