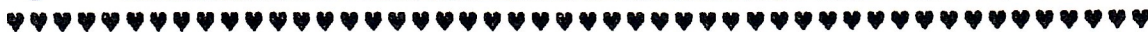


I hereby give ____ / do not give ____ the Director of the Child Care Facility or his appointed representative permission to give _____ acetaminophen. I understand I will be notified that the medication has been administered. (Child's Name)

Signature _____ Date _____



4. Immunizations: Please Provide a copy of your Child's Immunization Record.

Verified by Health Department Record _____ Physician's Record _____ Other _____



5. Disease History: List the dates of each:

Measles _____ Mumps _____ German Measles _____ Chicken Pox _____ Whooping Cough _____

Contracted Tuberculous: Yes _____ / No _____ Frequent Ear Infections Yes _____ / No _____

Frequent Throat Infection: Yes _____ / No _____ Defective Heart Yes _____ / No _____

Other Conditions or Comments _____



6. Child's developmental needs:

Physical or emotional problems the child might have: _____

Child's special food needs: Formula _____ Diabetic diet _____ Allergies _____

Special problems: Medications _____

Allergies _____ Skin _____ Medical _____ Food _____ Temper Tantrums _____

Diabetes _____ Frequent colds _____ Biting _____ Sun Sensitivity _____

Seizures _____ Fainting Spells _____ Bed wetting _____ Other _____

Requires help in: Dressing _____ Undressing _____ Toileting _____ Eating _____ Washing hands _____

Is Child toilet trained? Yes _____ / No _____ Words used in toileting _____

Favorite: Games _____ Toys _____ Foods _____

Siblings? Yes/No Name(s) of siblings: _____

Type of child care used before _____

Other useful information _____



7. I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature _____ Date _____



Additional comments: _____
