

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Pets on the premises**

The following pets reside at the day care home or will be on site during child care:

Type of pet: \_\_\_\_\_ Location during care: \_\_\_\_\_

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**Napping Arrangements**

My child will sleep (location/room) \_\_\_\_\_ on/in a \_\_\_\_\_.

I am aware that if my child is an infant they will be placed on their back to sleep to reduce the risk of SIDS, in compliance with NYS regulation 417.7(m). While sleeping, my child will be supervised in the following manner: (check one)

\_\_\_\_\_ My child care provider *may* use an electronic monitor if my child naps in a room where an awake adult is not present. The door to the room must remain open and the provider must check on my child every 15 minutes. The provider must remain on the same floor as my child at all times.

\_\_\_\_\_ My child care provider may NOT use an electronic monitor and must be in direct supervision of my child at all times.

\_\_\_\_\_ My child does not require a nap or rest period while in care.

**Feeding and Formula Instructions for children 6 weeks-18 months of age**

**\*Please make the required updates as your child's nutrition requirements change\***

My child's feeding schedule is:

Bottle (what & how much): \_\_\_\_\_ every \_\_\_\_\_ hours, at the following times:  
\_\_\_\_\_, or on demand.

Cereal (what & how much): \_\_\_\_\_ every \_\_\_\_\_ hours, at the following times  
\_\_\_\_\_, or on demand.

Baby Food (what & how much): \_\_\_\_\_ every \_\_\_\_\_ hours, at the following times  
\_\_\_\_\_, or on demand.

Table Food (what & how much): \_\_\_\_\_ every \_\_\_\_\_ hours, at the following times  
\_\_\_\_\_, or on demand.

(Infant meals/bottles may not be heated in the microwave.)

I will provide: \_\_\_\_\_ formula/breast milk \_\_\_\_\_ cereal, \_\_\_\_\_ baby food \_\_\_\_\_ table food

My child care provider will provide: \_\_\_\_\_ formula \_\_\_\_\_ cereal \_\_\_\_\_ baby food \_\_\_\_\_ table food

Check all that apply:

\_\_\_\_\_ My child care provider may prepare my child's bottles of formula.

\_\_\_\_\_ I will prepare my child's bottles of formula.

\_\_\_\_\_ My child is over 18 months old.

My school-age child, \_\_\_\_\_ has permission to be outside the direct supervision of the caregiver. All children will remain on the premises of the family day care home. The caregiver will visually check on my child (every 15 minutes).

\_\_\_\_\_ My child does not have permission to be outside of the direct supervision of the caregiver.

\_\_\_\_\_ My child is not yet enrolled in Kindergarten or higher and cannot be outside of the direct supervision of the caregiver.

### Medication Policy

\_\_\_\_\_ I will notify my child care provider if my child has received medication before coming to child care. I will inform them of the medication name, dosage, time given and possible side effects.

### Medication Administration Consents – Provider will Check one of the following,

**\*\*\*\* parent/guardian must submit additional consent forms**

\_\_\_\_\_ I understand my childcare provider is approved to administer any/all medications to my child with required forms on file.

\_\_\_\_\_ I understand my child care provider can only administer the following emergency medications to my child with required forms on file:

Asthma Inhaler

Asthma Nebulizer

Epinephrine auto-injector devices

Diphenhydramine when prescribe with the Epinephrine auto-injector device

\_\_\_\_\_ I understand my provider can apply non-prescription topical ointments, creams or insect repellents with written permission.

**\*\*\* Complete additional required forms for all non-prescription medications, topical ointment, prescription medications, and emergency medications.**

### Lead Poison Notification

Lead Poisoning is a potential health hazard to children. The State of New York now recommends that **ALL children under the age of six years old be screened for Lead Poisoning.**

As a regulated Child Care Providers in NYS, I am required by law to request that your child be screened for Lead Poisoning. If your child has been screened, I need to have verification on file. If not, I have information on lead poisoning and prevention for your review. You may also contact your child's health care provider or the Onondaga County Department of Health Lead Poison Control Program at 435-3271.

I have read and understand the above guidelines. I will review and update this form as needed. I will report any changes to my child careprovider.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date