07LC038E-001



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Child Information

Child's name				Sex	Date of birth	
Name(s) of person(s) and the relationship with whom the child lives						
E-mail address			Area code	Home phone		
Home street address	City		State	Zip		
Mother/guardian's place of e	lardian's place of employment Busines		s, cellular, or page phone number			
Father/guardian's place of employment Business,			s, cellular, c	, cellular, or page phone number		
Emergency contact						
In case of emergency, if the parent or guardian cannot be reached, list person(s) to notify, in order of preference:						
Immunization record						
Attach a copy of the immunization record or follow the Oklahoma State Department of Health exemption procedures. Keep your child's immunizations current. Give updated immunization record copies to the child care facility.						
A child two months of age or older cannot be admitted to a child care facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time.						
Health record						
Child's physician or clinic				Phone		
Street address	City		State	Zip		

Does your child have any individual special needs involving r guidance, communication, or positioning? If yes, please descri					
Is your child allergic to any foods, medications, etc.? If yes, please describe:					
Describe any special precautions for diet, medication, or activity, if applicable:					
I give permission to the child care staff to consult with health and child development professionals regarding my child's needs. Yes No					
Transportation					
 I do not give permission for my child to be transported. I give permission for this child to be transported: 					
 to nearest medical facility, if a medical emergency occurs and I cannot be reached on field trips to and from school – Drop-off time: Pickup time: to and from home – Drop-off time: Pickup time: other, please specify: 					
Pick up permission					
Persons having permission to pick up child:					
Name	Phone				
I understand this form is supplied by the Oklahoma Department of Human Services (OKDHS) as a service and that supplying the form in no way imposes any responsibility or obligation upon OKDHS.					
The Parent's Guide to Selecting Quality Child Care, OKDHS and the Child Care Facility Policies, are available through your	•				
Signature of parent/guardian	Date				
Date child entered facility: Date child withdrawn:					