

CHILD RECORD

Enrollment Date:_____Initial Start Date:_____

<u>Child's Name:</u> 	<u>Preferred Name:</u> 	<u>Sex:</u> M F	<u>Date of Birth:</u>
<u>Current Physical Address:</u> 	<u>City, State, Zip:</u> 	<u>Telephone:</u> 	

Enrolling Parent/Guardian:_____Occupation:_____
Home Address:_____Phone:_____
Work Address:_____Phone:_____
Cell Phone: _____

Parent/Guardian:_____Occupation:_____
Home Address:_____Phone:_____
Work Address:_____Phone:_____
Cell Phone: _____

List additional persons who may be called in the event of an emergency, and who are authorized to remove the child from the facility. (Your child will not be allowed to leave with any other person without written authorization from parent or guardian).

Name:	Address:	Home/Cell/Work Phone:	Relationship:

Signature of enrolling Parent/Guardian

Date

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CONSENT FOR MEDICAL TREATMENT

Parent/Guardian agrees the provider may consult with the child's nurse or attending physician in regards to child's health as needed. In the event that we should have questions regarding the health of the enrolling child we may contact one, or more, of the following sources for information.

- ✓ Hospital of choice and phone number _____
- ✓ Local Health Entity _____

Dr. Name:

Address:

Telephone:

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In an emergency, I, _____, (Parent/Guardian), give my authorization to, _____, (Provider's name) and any local physician, dentist or hospital to provide medical care and/or transport my child at my expense.

Medical Plan:

Policy #:

Telephone:

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Does your child require additional accommodations? Explain: _____

Are the problems serious enough to restrict our child's activities?

Explain: _____

Describe, if any, special care required: _____

Does your child have frequent colds? Yes___ No___

List any allergies staff should be aware of: _____

Is your child currently taking prescribed medication? Yes___ No___

Name of the medication? _____

If yes, for what reason? _____

Signature of enrolling Parent/Guardian

Date

.....

PERMISSION TO RELEASE INFORMATION

I understand that the time my child, _____ is in the facility, that the director may be asked for information regarding my child.

☐ I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

☐ I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that Child Care Licensing has access to my child's record as the licensing agent and may view the record upon Child Care Licensing facility inspection.

Signature of enrolling Parent/Guardian

Date

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TRANSPORTATION FORM/ FIELD TRIP PERMIT

☐ I understand my child may take part in field trips and educational excursions, either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child's caretaker, members of the facility and its employees, nor any participating adult liable.

☐ I do not wish my child to take part in the aforementioned field trips or educational excursions.

(Provider's name) _____ may transport my child, _____
in the event of an emergency evacuation or disaster preparedness drill of the facility.

Signature of enrolling Parent/Guardian

Date

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Parent/Guardian Notification of NRS.178:

I, _____,(Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

Signature of enrolling Parent/Guardian

Date