G. Child's preadmission record

DHR-CDC-739

CHILD' S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ( )
Address of parent(s)/guardian(s):	
Mother's Employer:	Father's Employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number: ( )	Employer's Telephone Number: ( )
List telephone numbers such as pager, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ( )

Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (*If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____ / _____

Signature **Date**

Form not valid without signature of child's parent/guardian

Page one of two-form not valid without second page

Child's Preadmission Record (continued) - page two of two - form not valid without first page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

_____/_____

Signature of parent/guardian *Date*

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	**yes**	**no**	**Signature of parent/guardian**	**Date**
Transportation provided by the facility:	**yes**	**no**	**Signature of parent/guardian**	**Date**
Swimming/wading activities provided by the facility:	**yes**	**no**	**Signature of parent/guardian**	**Date**

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

☐This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

Additional information may be attached.

H. Authorization for administering medication

DHR-CDC-1949

AUTHORIZATION FOR ADMINISTERING MEDICATION/MEDICAL PROCEDURES

Dear Parent/guardian,

Your written permission is required to administer medication or medical procedures to your child. Any prescription drug or over-the-counter drug sent to the child care facility (home or center) must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. If it is absolutely necessary for your child to be given medication while at the child care facility, **please complete the following information.**

Child's Name_____

Prescription Number_____

Name of Medication_____

Amount of medication to be given at each dosage_____

Instructions (how to give or apply, such as given by mouth, apply to skin, inhale, drops in eyes, etc.) _____

Time and date of last dosage given at home _____

Time(s) of dosage(s) to be given at the child care facility _____

Please give my child the above-named medication at the time(s) and in the amount(s) indicated.

_____

Signature of parent/guardian **Date**

To be completed by licensee/staff/caregiver

Date medication given	Time medication given	Signature of person giving medication

I. Injury/illness report form

DHR-CDC-1950

INJURY/ILLNESS REPORT FORM
Child Care Facilities (Homes/Centers)

Any injury or illness requiring emergency medical treatment, of a child while in the care of the child care facility (home/center), **must be reported to the Department of Human Resources within 24 hours after occurrence, followed by a written report within 5 days**. This report must be made by the licensee or the person responsible for the child. A copy of the report must be kept in the child's file at the child care facility.

Name of Center:	**Address of Center**: Street: _____ City: _____ County: _____
Child's Name:	**Child's Date of Birth:**
Date injury/illness occurred:	**Time injury/illness occurred**:
Name of Child's Parent/guardian:	**Time Parent/guardian was contacted:**

Describe the injury/illness, including type, severity, location: (If reporting an injury, describe how it occurred)

Give the name, address, and telephone number of the physician or emergency medical personnel contacted, the time and date contact was made, and the physician's comments and diagnosis regarding the injury/illness:

Was the Department of Human Resources notified within 24 hours? Yes ☐ No ☐

Signature of Staff Person/Caregiver in Charge:	Date:
Signature of Licensee/Director:	Date: