

**G. Child's preadmission record**

**DHR-CDC-739  
Revised 1/06**

## 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.**

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:
Employer's address:	Employer's address:
Employer's telephone number: (        )	Employer's telephone number: (        )
List telephone numbers such as beeper, 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: (        )
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**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*

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. 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: \_\_\_\_\_

*Additional information may be attached.*