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.	v i	3			
Child's Name:		Name child is known by:			
Child's birthdate:		Child's home address:			
Name(s) of parent(s)/guard	ian(s):	Home telephone number: ()			
Address of parent(s)/guardi	an(s):				
Mother's employer:		Father's employer:			
Employer's address:		Employer's address:			
Employer's telephone num	ber: ()	Employer's telephone number: ()			
List telephone numbers such as beeper, cellular phone, etc.		Instructions regarding how parent/guardian may be reached in an emergency:			
	in an emergency if parent(s				
Name	Relationship to child	Address	Telephone nur	nber	
Name of child's doctor: Address:			Telephone number:	ne number:	
Emergency Author	rization:	•	. ,		
transportation, for my ch	ild if I cannot be reached i ed. (<i>If parent/guardian ref</i>	mmediately. I agree t	cal treatment, including eme to be responsible for any eme tions must be attached stating	ergency	

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

Page one of two-form not valid without second page

rson(s) the child may be released to:					
Name Relationsl	hip to ch	ild	Address	Telephone number	
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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 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 o	or apply, such as given by m	outh, apply to skin, inhale, drops in eyes,
Time of last dosage given	at home	
Time(s) of dosage(s) to be	e given at the child care fa	cility
Please give my child the ab	ove-named medication at th	e time(s) and in the amount(s) indicated.
	Sign	ature of parent/guardian Date
To be completed by licen	see/staff/caregiver	
Date medication given	Time medication given	Signature of person giving medication
4		