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Kansas Department of Health and Environment

Bureau of Child Care and Health Facilities Child Care Licensing Program 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



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MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES, INCLUDING PROVIDER'S OWN CHILDREN

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care			New Creation Preschool Name of Child Care Facility		
			Date of Birth		Gender
First	Last	_	MM/DD	D/YYYY	M/F
Parent/Guardian Information			Parent/Guardian Information		
Name			Name		
Home Address			Home Address		
Street		Zip Code	Street	City	Zip Code
Home Phone Number			Home Phone Number		
Work Address			Work Address		
Street	City	Zip Code	Street	City	Zip Code
Work Phone Number			Work Phone Number		
Cell Phone Number			Cell Phone Number		
E-mail Address			E-mail Address		
Best way to contact		Best way to contact			
Attach an additional page, if neces					
Child's Physician Child's Dentist					
Hospital Preference (for emergence	•				
Has your physician approved the usyrup, or ointments that can be gi					nophen, cough
Does your child have any of the following conditions (yes or r Emergency Medical Care form CCL. 010. Allergies Frequent sore Asthma Speech, Visual Epilepsy/Seizures Other			throats/coldsEar Aches I, HearingDiabetes		
If yes answered to any above, ple	·				
Have there been major changes a	t home that	might affect yo	our child in care? No _	Yes, as follow	VS:
Please provide additional informat	ion or specia	l instructions t	hat will help the person carir	ng for your child	
Parent/Guardian Signature:				Date:	