



**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 _____ Name of Child Care Facility **New Creation Preschool #21910**

Child's Name _____ Date of Birth _____ Gender _____
First Last MM/DD/YYYY M/F

Parent/Guardian Information

Name _____
Home Address _____
Street City Zip Code
Home Phone Number _____
Employer _____
Work Phone Number _____
Cell Phone Number _____
E-mail Address _____
Best way to contact _____

Parent/Guardian Information

Name _____
Home Address _____
Street City Zip Code
Home Phone Number _____
Employer _____
Work Phone Number _____
Cell Phone Number _____
E-mail Address _____
Best way to contact _____

Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name _____	Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? ☐ No ☐ Yes, as follows: _____

Any known allergies or medical conditions of child: _____

Any major changes at home that might affect your child in care: _____

Please provide additional information or special instructions that will help the person caring for your child: _____

Parent/Guardian Signature: _____ **Date:** _____