

Form not valid without signature of child's parent/guardian
 Page one of two-form not valid without second page

Signature _____
 Date _____

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.)

Emergency Authorization:

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

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

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:	

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 PREADMISSION RECORD

DHR-CDC-739
 Revised 1/06

H. Child's preadmission record

Additional information may be attached.

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

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

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

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

(Circle yes or no and sign each line)

I give permission for my child to participate in:

Signature of parent/guardian _____
 Date _____

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.

Name	Relationship to child	Address	Telephone number

Person(s) the child may be released to:

Describe any special needs or instructions below:

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