

Intake Sheet

Child's Identification Information

Name:	Nickname:
Birthdate:	Sex:

Name of School, if attending:

Family Information: Parents or Guardians

Name and ages of other children in the home

Emergency Contact:

Name	Address	Place of Employment	Work Phone

Play & Sociability

How does your child get along with other children?

His/Her usual playmates are _____ girls _____ boys _____ older _____ younger

What is the usual size of your child's playgroup?

Previous group experiences other than school

_____ Preschool _____ Playgroup _____ Sunday School

_____ Other (Please Specify)

Personality and Emotional Development

Is your Child Affectionate? To whom?

Does she/he accept new people easy? _____ Yes _____ No

What are your child's fears?

Is your child usually happy? _____ Yes _____ No

What nervous habits does your child have?

Discipline

When you find it necessary to discipline your child, which parent usually does this and how?



Parental Emergency Medical Consent Form

This form allows parents and guardians the provision of emergency treatment for below named child who becomes ill or injured within or under program authority when parents or guardians cannot be reached.

In the event reasonable attempts of contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

I agree to pay all costs and fees as secured or authorized under the consent.

CHILD'S NAME:		BIRTH DATE:	
PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES:			
1. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
EMERGENCY CONTACT PERSON(S)			
1. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
PERSONS AUTHORIZED TO PICK UP CHILD		ADDRESS	PHONE NUMBER
1.			
2.			

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center? Please provide legal documentation.

Name	Name
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PHYSICIAN NAME	DENTIST NAME
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS
HOSPITAL PREFERENCE	
KNOWN ALLERGIES	DATE OF LAST TETANUS
PRESENT MEDICATION	
INSURANCE COMPANY	POLICY HOLDER ID

I give consent for the administration of treatments deemed necessary by the healthcare professionals identified above or other healthcare professionals when they are unavailable. I agree to pay all costs and fees as secured and authorized under this consent for up to one year beyond the date of signature.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Medication Consent Sheet

THIS AUTHORIZATION IS VALID FOR UP TO A MAXIMUM OF 30 DAYS

Childs Name: _____

Date: _____

Physician's Name: _____

Physician's Phone # _____

Name of Medication(s) _____

Reason for Medication (s) _____

Please give the above medication(s) as directed below:

Amount to be given :	At what times given :
Doses given per day:	Specified days to be given:

Method of Administration:

I (we) the undersigned, give the daycare/school authorization to administer the prescription/nonprescription medication in the amount and method stated above.

Parents or Guardians signature

Date

Parent/Guardian's Permissions

To Apply Sunscreen

_____ (Name of child) As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at:

_____ (Name of School or Business) to apply sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10AM and 4PM. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child.

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:

My child is allergic to some sunscreens. Please only use the following brand(s) and type(s) of sunscreen:

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian full name (print): _____

Parent/Guardian signature: _____ Date: _____

Release Authorizations

Facility Name/Address _____

TRAVEL RELEASE

I/we do _____, do not _____, give consent for _____ (name of child) to participate in field trips with the above named program. I/we do reserve the right to be notified before each field trip that involves travel out of town. I release the program of any liability unless negligence is proven.

Restrictions:

(Date)

(Signature of Parent/Guardian)

PHOTOGRAPHY/VIDEOTAPING RELEASE

I/we do _____, do not _____, give consent that the above program may take photographs/videotaping of our child (name of child) _____, and I/we consent that the program may use the photographs/videotapes of our child promoting the purpose of the center. We understand that no financial benefits from the use of the photographs/videotapes are obligated to be paid to us.

Restrictions:

(Date)

(Signature of Parent/Guardian)

SCHOOL AGE TRAVEL TO AND FROM SCHOOL NOTIFICATION

I/we understand that my child will be transported with only one adult in a center-owned vehicle for the sole purpose of transporting children to and from school. My child will be transported to and from (name of school)

_____. This includes days in which there is early release/late starts at the school. I affirm that my child's participation in the

transportation program is entirely my choice, with the understanding of risk or accidental injuries that may be involved in any transportation program at the Center.

(Date)

(Signature of Parent/Guardian)