

**H. Child's preadmission record**

**DHR-CDC-739  
Revised 1/01**

**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 (home/center).

Child's Name:	Name Child is know 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:

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

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number:

**Emergency Authorization:**

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. I give permission for the child care facility to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

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

**Describe any special needs or instructions below:**


**Person(s) the child may be released to:**

Name	Relationship to child	Address	Telephone number

***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. Furthermore, Trinity Child Development Center is a church-exempt child care center and is not regulated by DHR.***

\_\_\_\_\_ / \_\_\_\_\_  
*Signature of parent/guardian* *Date*

**I give permission for my child to participate in:**

**(Circle yes or no and sign each line)**

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

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

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

**Child's first day of attendance:** \_\_\_\_\_ **Child's withdrawal date:** \_\_\_\_\_

*Additional information may be attached.*