

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

CHILD INFORMATION

Child's name	Sex	Date of birth
Name(s) of person(s) with whom the child lives		
Relationship		Home telephone
Home address	City	State Zip
Mother/guardian's place of employment	Business, cellular, or page phone number	
Father/guardian's place of employment	Business, cellular, or page phone number	

In case of emergency, if parent/guardian cannot be reached, list in order of preference person(s) to notify:

Name	Telephone

IMMUNIZATION RECORD

A child two months of age or older cannot be admitted to a child care facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time. Record the dates of immunizations below or attach a copy of the immunization record or Form FSS-TANF-1, Certificate of Exemption.

Immunizations	Date	Date	Date	Date	Date
DTP/DTaP					
Polio					
HIB					
Hepatitis A					
Hepatitis B					
MMR					
Varicella (chicken pox)					
Other					

HEALTH RECORD

Child's physician or clinic	Telephone
Address	City State Zip

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe:

Is your child allergic to any foods, medications, etc.? If yes, please describe:

Describe any special precautions for diet, medication, or activity, if applicable:

I give permission to the child care staff to consult with health and child development professionals regarding my child's needs. Yes No

TRANSPORTATION

- I do not give permission for my child to be transported.
- I give permission for my _____ ,
to be transported by _____ :
 - to nearest medical facility, if a medical emergency occurs and I cannot be reached.
 - on field trips.
 - to and from school.
 - to and from home.
 - other (please specify) _____

Persons having permission to pick-up child:

Name	Telephone

I understand this form is supplied by the Oklahoma Department of Human Services (OKDHS) as a service and that supplying the form in no way imposes any responsibility or obligation upon OKDHS.

Signature of parent/guardian

Date

Date child entered facility: _____ Date child withdrawn: _____

"The ABC's of Quality Child Care: Parent Handbook" is available through your child's child care provider.