H. Child's preadmission record

DHR-CDC-739 Revised 1/06

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	known by:	
Child's birthdate:		Child's home address:			
Name(s) of parent(s)/guardian(s):		Home telephone number: ()			
Address of parent(s)/gua	rdian(s):				
Mother's employer.	***************************************		Father's emplo	yer:	
Employer's address:		Employer's address:			
Employer's telephone number. ()			Employer's telephone number. ()		
List telephone numbers such as beeper, celtular phone, etc.			Instructions regarding how parent/guardian may be reached in an emergency:		
Person(s) to be contacte	ed in an emer	gency if parent(s)	/guardian(s) car	mot be reac	hed:
Name	Relatio	nship to child	Addre		Telephone number
				:	,
Name of child's doctor:		Address:		Telephone number:	
Emergency Author I give permission for t	he child can	e facility to obta	in emergency	medical tre	eatment, including emergen
crausportation, for my c	mud if J came ed. (<i>If parent/</i>)	euardian refuses :	mieumiely. I aj lo sign, instructio	gree to be i vas must be i	espousible for any emergen attached stating what procedu

Form not valid without signature of child's parent/guardian

Page one of two-form not valid without second page

Person(s) the child may be released	4			
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