



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,  
INCLUDING PROVIDER'S OWN CHILDREN**

**Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.**

Child's First Day in Child Care Sept. 6, 2022

Name of Child Care Facility Little Friends Preschool

Child's Name \_\_\_\_\_  
First Last

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
MM/DD/YYYY M/F

**Parent/Guardian Information**

**Parent/Guardian Information**

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Code

Home Address \_\_\_\_\_  
Street City Zip Code

Home Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Best way to contact \_\_\_\_\_

Best way to contact \_\_\_\_\_

**Persons authorized to pick up the child or to notify in case of emergency (other than the parents):**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Child's Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Phone Number \_\_\_\_\_

Hospital Preference (for emergencies) \_\_\_\_\_

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider?  No  Yes, as follows: \_\_\_\_\_

Any known allergies or medical conditions of child:  
\_\_\_\_\_  
\_\_\_\_\_

Any major changes at home that might affect your child in care:  
\_\_\_\_\_  
\_\_\_\_\_

Please provide additional information or special instructions that will help the person caring for your child:  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_