



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Child Information

Child's name		Sex	Date of birth
Name(s) of person(s) and the relationship with whom the child lives			
E-mail address		Area code	Home phone
Home street 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	

Emergency contact

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

Name	Phone

Immunization record

Attach a copy of the immunization record or follow the Oklahoma State Department of Health exemption procedures. **Keep your child's immunizations current. Give updated immunization record copies to the child care facility.**

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.

Health record

Child's physician or clinic			Phone
Street 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 this child to be transported:
 - to nearest medical facility, if a medical emergency occurs and I cannot be reached
 - on field trips
 - to and from school – Drop-off time: _____ Pickup time: _____
 - to and from home – Drop-off time: _____ Pickup time: _____
 - other, please specify: _____

Pick up permission

Persons having permission to pick up child:

Name	Phone

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.

The Parent's Guide to Selecting Quality Child Care, OKDHS publication number 87-91, and the *Child Care Facility Policies*, are available through your child's child care provider.

Signature of parent/guardian Date

Date child entered facility: _____ Date child withdrawn: _____