

**G. Child's preadmission record**

**DHR-CDC-739**

**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.

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)/guardian(s):	
Mother's employer:	Father's employer:
Mother's Email Address:	Father's Email Address:
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: ( )
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**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. *(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-form not valid without second page*



**H. Authorization for administering medication**

**DHR-CDC-1949**

**AUTHORIZATION FOR ADMINISTERING MEDICATION/MEDICAL PROCEDURES** Dear Parent/guardian,

Your written permission is required to administer medication or medical procedures to your child. Any prescription drug or over-the-counter drug sent to the child care facility must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. If it is absolutely necessary for your child to be given medication while at the child care facility, **please complete the following information.**

**Child's Name** \_\_\_\_\_

**Prescription Number** \_\_\_\_\_

**Name of Medication** \_\_\_\_\_

**Amount of medication to be given at each dosage** \_\_\_\_\_

**Instructions (how to give or apply, such as given by mouth, apply to skin, inhale, drops in eyes, etc.)**

\_\_\_\_\_

**Time of last dosage given at home** \_\_\_\_\_

**Time(s) of dosage(s) to be given at the child care facility** \_\_\_\_\_

*Please give my child the above-named medication at the time(s) and in the amount(s) indicated.*

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

\_\_\_\_\_  
**Date**

**To be completed by licensee/staff/caregiver**

Date medication given	Time medication given	Signature of person giving medication