

CHILD ENROLLMENT INFORMATION

Child Information			
Child's Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Allergies, special instructions, comforting items:			

Parent/Guardian Information (1)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	

Parent/Guardian Information (2)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	

Emergency Contact (1)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	

Emergency Contact (2)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	

Emergency Contact (3) – Out-of-Area/Out-of-State			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	

Medical Information

Child's Doctor's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____

Preferred Hospital to Contact: _____ Phone #: _____

Address: _____ City: _____ State: _____

Child's Dentist's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____

Does your child have any special needs that I need to be aware of? _____

**Persons allowed to pick up my child if I am unable to:
(Also list emergency contacts below if you want to allow them to pick up your child)**

Name:	Phone #:	Relationship to child:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any one NOT allowed to pick up my child (with copy of court order, if applicable):

Parent's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form

DOCTORS COMPLETE THIS PAGE¹

Child's Name:

Birthdate: Age today:

Date of Exam:

Height or Length:

Weight

Head Circumference (for children under 2 yr.):

Body Mass Index (for children over 2 yr.):

Blood Pressure (start @ age 3 yr.):

Hgb. or Hct.: (start @ 1 yr.)

Blood Lead Level: (start @ 1 yr.)

Sensory Screening:

Vision Right eye _____ Left eye _____

Hearing Right ear _____ Left ear _____

Tympanometry (attach results)

Developmental Screening:

Personal-Social

Fine Motor-Adaptive

Language

Gross Motor

Developmental Referral Made Today: Yes No

Exam Results: (n = normal limits) otherwise describe

HEENT

Oral/Teeth

Date of Last Dental Exam: _____

Dental Referral Made Today: Yes No

Heart

Lungs

Stomach/Abdomen

Genitalia

Extremities, Joints, Muscles, Spine

Skin, Lymph Nodes

Neurological

Immunization: Doctor may attach a copy of Iowa Department of Public Health Immunization Certificate

DtaP/DTP/Td

Hepatitis B

HIB

Influenza

MMR

Pneumococcal

Polio

Varicella

Other

TB testing (for high risk child only)

Medication: Physician authorizes the child may receive the following medications while at child care: (include over-the-counter and prescribed)

Medication Name Dosage

Diaper crème:

Pain reliever:

Sunscreen:

Cough medication

Other Medication should be listed with written instructions for use in child care.

Referrals made:

Referred to hawk-i today 1-800-257-8563

Health Provider Assessment Statement:

The child may participate in developmentally appropriate child care/preschool with NO health-related restrictions.

The child may participate in developmentally appropriate child care/preschool with these restrictions:

Doctor Signature _____

Circle the Provider Credential Type: MD DO PA ARNP

¹ Iowa Child Care Regulations require an admission physical exam report within the previous year. Annually thereafter, a statement of health condition signed by an approved health care provider. The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (RE9939, March 2000) www.aap.org

Parent's/Guardian's Permission To Apply Sunscreen To Child

(Name of child) _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at:

(Child care business) _____

to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions of recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:

- My child is allergic to some sunscreens. Please only use the following brand(s) and type(s) of sunscreen:

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent's full name (print): _____

Parent's signature: _____

Parent Telephone Numbers: _____

Date of signature: _____



Consent is given for the items initialed below:

Walking Trips

Walking trips to the following locations: _____

Motor Vehicle Transportation

Trips by the program in _____ to the following locations:

Type of vehicle

Daily transportation by the program In _____

Type of vehicle

From _____ to _____
Location Location

Children will be restrained during vehicular transport by use of _____

Special needs of the child during transport _____

Swimming

Swimming and /or wading at _____

Other activities (e.g., homework supervision, trips to neighborhood playgrounds, special trips)

Photo Release

My child may ___ may not ___ be photographed while in child care. Photos may ___ may not ___ be used in newspapers or other media for the purpose of publicity or shared with other families whose children attend the child care program.

Signature of Parent

Date

