



Child's name		Gender	Date of birth
Name of enrolling Person #1/Relationship		Name of enrolling Person #2/Relationship	
Email Address	Cell Phone #1	Cell Phone #2	
Home Street Address		City	State Zip
Person #1: Place of employment		Business or home phone number	
Person #2: Place of employment		Business or home phone number	

Emergency Contact/Pick up Authorization

Individuals listed for emergency contact/pick up authorization will have authority to advise in emergency situations and pick up the child from the facility if needed when the primary contact cannot be reached. Please list person in order of preference.

Name	Relationship to child	Phone Number

Temporary Verbal Authorization Code: _____

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.

Health Record and Status

Child's physician or clinic	Phone		
Street address	City	State	Zip

Does your child need any individual special considerations involving routine care such as, behavior and guidance, communication, IEP or positioning? If yes, please describe:

Is your child allergic to any foods, medications, etc.? If yes, please describe, including severity:

Describe any special precautions for diet, medication, or activity, if applicable:

Date of most recent examination of child: _____

I confirm that this child is healthy and happy and may attend group care _____ Yes _____ No

I give permission for the child care staff to consult on my behalf with health and child development professionals regarding my child's needs. _____ Yes _____ No

I give permission for my child to be interviewed by DHS. _____ Yes _____ No

I give permission for the child care staff to apply sunscreen as needed. _____ Yes _____ No

I give permission for the child care staff to apply insect repellent if needed. _____ Yes _____ No

Transportation

I give permission for this child to be transported for the following: (check all that apply)

- During an emergency evacuation
- 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: _____
School Name: _____
- Other, please specify: _____

I have completed parent orientation and have received a copy of the parent handbook.

Signature of enrolling Person #1

Date

Signature of enrolling Person #2

Date

In accordance with federal law, and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). This institution is an equal opportunity provider and employer.

For office personnel only: KC – AC – CL1 – CL2 – CL3 – LW - M2P K83000-_____