OKLAHOMA Human Services

Child Information

Program name | K8 | Date

Child Information

Child's name | Gender | Date of birth

Home street address | City | State (Oklahoma)

Mailing address | City | State (Oklahoma)

Finding directions | ZIP | County

Parent or guardian name, adult **whom child lives with** | Phone | Alternate phone

Place of employment | Business phone | Email

Parent or guardian name, adult **whom child lives with** | Phone | Alternate phone

Place of employment | Business phone | Email

Emergency Contact

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference:

Name	Phone

Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. **Parent/guardian must provide a copy of the current updated immunization record to the child care program.** Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

Health Record

Child's physician or clinic _____ Phone _____

Street address _____ City _____ State Oklahoma ZIP _____

☐ I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies? ☐Yes ☐No

When yes, list:

Does the known allergy require special precautions, actions, or medications? ☐Yes ☐No

When yes, describe:

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

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel? ☐Yes ☐No

☐ When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child? ☐Yes ☐No

Transportation

☐ I **do not** give permission to transport my child.

☐ I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- ☐ When an emergency occurs and I cannot be reached
- ☐ Field trips
- ☐ To and from home

Drop-off time: _____ Pick-up time: _____

Specific plan for transfer and supervision:

- ☐ To and from home

Drop-off time: _____ Pick-up time: _____

Specific plan for transfer and supervision:

- ☐ Other, specify:

Pick Up Permission

Individuals who have permission to pick up my child:

Name	Phone

Signature

I understand this form is supplied by the Oklahoma Human Services (OKDHS) for the convenience of the child care program and me to assist with care of my child. Supplying this form in no way imposes any responsibility or obligation upon OKDHS.

Program policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care - A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

_____ _____

Parent/guardian signature Date

Child Care Program Use

Date child entered program: _____ Date child withdrawn: _____