



**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:

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

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

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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: \_\_\_\_\_