



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:


**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

