## \* 07LC038E- 001\*



Child's name

## OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Date of birth

Sex

## **Child Information**

Name(s) of person(s) and the	e relationship	with whom t	he child	lives
E-mail address			ea code	Home phone
Home street address	City	Sta	ate	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 notify, in order of preference:		guardian can	not be r	eached, list person(s) to
Immunization record				
Attach a copy of the immuni Health exemption procedu updated immunization rec	res. <b>Keep y</b>	our child's	immun	izations current. Give
A child two months of age of the parent presents certificate of any state or local Department immunizations at the medical	tion from a lid ment of Heal	censed physion that that such the contract of	cian or a	uthorized representative
Health record				
Child's physician or clinic				Phone
Street address	City		State	Zip

Does your child have any individual special guidance, communication, or positioning? If y	<u> </u>	•		
ls your child allergic to any foods, medication	s, etc.? If yes, ple	ease describe:		
Describe any special precautions for diet, me	edication, or activi	ty, if applicable:		
I give permission to the child care staff to cor child development professionals regarding m		nd Yes 🗌 No 🗌		
Transportation				
<ul><li>I do not give permission for my child to</li><li>I give permission for this child to be tra</li></ul>	•			
<ul> <li>to nearest medical facility, if a medical emergency occurs and I cannot be reached</li> <li>on field trips</li> <li>to and from school – Drop-off time: Pickup time:</li> <li>to and from home – Drop-off time: Pickup time:</li> <li>other, please specify:</li> </ul>				
Pick up permission				
Persons having permission to pick up child:				
Name		Phone		
I understand this form is supplied by the (OKDHS) as a service and that supplying the or obligation upon OKDHS.	•			
The Parent's Guide to Selecting Quality Chila and the Child Care Facility Policies, are available.		•		
Signature of parent/guardian		Date		
Date child entered facility:	facility: Date child withdrawn:			
	_ Date child withd	rawn:		