

**II. Child's preadmission record**

**DHR-CDC-739**  
 Revised 1/96

**CHILD'S PREADMISSION RECORD**

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (nurserycenter).

Child's name:	Name child is known by:
Child's birthday:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ( )
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number: ( )	Employer's telephone number: ( )
List telephone numbers such as pager, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ( )
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**Emergency Authorization:**

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

\_\_\_\_\_/\_\_\_\_\_  
 Signature Date

**Form not valid without signature of child's parent/guardian**  
*Page one of two forms not valid without second page*