Our Father's Lutheran Childcare Child Information Card

CHILD'S NAME				ВІ	BIRTH DATE		
PΑ	RENTS/ GUARD	Last IANS-Note: Unles will be permitted	s we are informe	d otherwise in w	riting by a custod	y order or other legal document,	
Mother				Hours/Day	_ Hours/Days worked		
Но	Home Address				Cell # Work #		
Father				Hours/Day	Hours/Days worked		
	me Address	Both parents	Mother	Cell #		_ Work #	
Uni	nal Custody	Both parents Both parents	Mother	Father Father	Guardian		
EM per	ERGENCY: The rmission to remo	following may be ove my child from	called in an emei the center if nece	rgency when par essary.	ents/guardian cai	nnot be reached and have	
					Reachable @		
Name Relation			Relationsh	nip	Reachable @		
РΗ	YSICIAN: Name	and Address				Ph	
	ERGENCY RELE		onsent for emerg	ency medical ca	re or treatment, to	be used only if I cannot be	
Sia	ınature of Paren	t or Guardian:					
1 .	 No specific medical condition Asthma						
3.	Signs or symptoms to watch for-specify.						
4.	Steps Childcare provider should follow. If medications are necessary, a copy of DCF-F-CFS-59 Authorization to Administer Medication should be attached to this form. Indicate if any staff that has received specialized training or instructions to help treat symptoms. a. b. c.						
5.	When to call pa	arents regarding s	symptoms or failu	ire to respond to	treatment or may	need emergency medical care.	
6.	Additional information that may be helpful to the childcare provider.						