



Preschool & After School

EMERGENCY CONTACT AND HEALTH HISTORY

Use of form: The parent / guardian should complete this form for placement in the child's file at the center. Under the provisions of WAC 170-297-2050(e), this form must be completed and maintained in the child's file at the center. Failure to comply may result in the issuance of a noncompliance statement. Personally identifiable information requested on this form is collected for identification purposes and to ensure compliance with licensing requirements. It is not likely to be used for purposes other than that for which it is originally being collected.

CHILD INFORMATION

Name (Last, First, MI)	Address - Home (Street, City, State, Zip)	Telephone No.	Birthdate (mm/dd/yyyy)	First Day of Attendance
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PARENT OR GUARDIAN - All parents / guardians are permitted to visit during center hours unless access is prohibited or restricted by a court order. Attach court order, if any

Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Home - Telephone No.	Work- Telephone No.	Mobile - Telephone No.
Parent					
Parent					
Guardian					
Guardian					

PERSONS AUTHORIZED TO CALL FOR/PICK UP YOUR CHILD - Provide the information requested for each person authorized to call for your child.

Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Home - Telephone No.	Work- Telephone No.	Mobile - Telephone No.

EMERGENCY CONTACT - List information of person to contact when mother, father or guardian cannot be reached.

Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Home - Telephone No.	Work- Telephone No.	Mobile - Telephone No.

PHYSICIAN OR MEDICAL FACILITY & DENTAL PROVIDER

Name	Address	Telephone No.	Date of last physical
Name	Address	Telephone No.	Date of last visit

AUTHORIZATION - Please check all that apply

- Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
 Yes No I give permission for my child to participate in field trips and other activities during operating hours. Transported Walking Both
 Yes No I give permission for my child to be photographed. For photos to be used for Print Web Both

HEALTH HISTORY AND EMERGENCY CARE PLAN

A review by parents and staff should occur at least yearly or when additional information is necessary.

1. Check any special medical condition that your child may have.

- Food allergies - Specify food(s). _____
 Non-food allergies - Specify. _____
 Asthma Diabetes Epilepsy / seizure disorder Gastrointestinal or feeding concerns including special diet and supplements Cerebral palsy / motor disorder
 Emotional / behavior disorder including ADD or ADHD Other condition(s) requiring special care - Specify.

2. Triggers that may cause problems - Specify.

3. Signs or symptoms to watch for - Specify.

4. Steps the child care provider should follow.

If medications are necessary, a copy of the "Authorization to Administer Medication" form should be attached to this form. Indicate any staff who have received specialized training / instructions to help treat symptoms.

- a.
b.
c.

1. When to call parents regarding symptoms or failure to respond to treatment.

2. When to consider that the condition requires emergency medical care or reassessment.

3. Additional information that may be helpful to the child care provider.

SIGNATURE - Parent or Guardian	Date Signed
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