



CHILDRENS RECORD

RON & CAROL COPE CHILD DEVELOPMENT CENTER

KEARNEY FAMILY YMCA

PARENTS: Please fill in all the blanks

Child's Name _____ Birthday _____

Parent or Guardian's Home Address and Employment Address:

Father (or Guardian)

Name _____

Employer _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Phone _____

Mother (or Guardian)

Name _____

Employer _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Phone _____

Person(s) to whom the Child may be released by the Caregiver: (if no one, please write "none")

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Phone _____

Person(s) who Will Take Responsibility for the Child in an Emergency When the Parent (or Guardian) cannot be Reached (ONE NAME MUST BE GIVEN)

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Phone _____

CONSENT TO CONTACT PHYSICIAN IN CASE OF EMERGENCY

In the event I cannot be reached to make arrangements, I hereby give my consent to **YMCA CHILD CARE** to contact Doctor _____
Name

Phone Address City

And, if necessary, take my child to the following doctor(s), clinics or hospital

Signature of Parent Date

Medication Competency Statement

I, _____ have determined that
Parent/Guardian Name

YMCA CHILD CARE competent to give or apply medication, including sun screen to my child (ren)

Signature of Parent Date

CHILDS MEDICAL INFORMATION

Any health problems which caregiver should know _____

Medication, if any _____

Allergies, if any _____

Special Concerns (Glasses, Hearing Aid, Crutches) _____

Any activities child should NOT engage in: _____

Company providing health and/or accident insurance coverage (Optional)

IMMUNIZATION RECORD

VACCINE	Dose	Normal Schedule	Date Given (MO/DAY/YEAR)	DOCTOR OR CLINIC ADMINISTERING
*Polio OPV or IPV	1	2 mo.		
	2	4 mo.		
	3	6-18 mo.		
	4	4-6 yrs		
*DTP/DT/DTaP Diphtheria Tetanus Pertussis	1	2 mo.		
	2	4 mo.		
	3	6 mo.		
	4	15-18 mo.		
	5	4-6 yrs.		
Td (Adult) Tetanus Diphtheria Every 10 Yrs.	1	11-15 yrs.		
	1	25 yrs.		
	1	35 yrs.		
	1	45 yrs.		
	1	55 yrs.		
M-M-R M-M-R	1	12-15 mo.		
	2			
*Hib Haemophilus influenza B	1	2 mo.		
	2	4 mo.		
	3	6 mo.		
	4	12-15 mo.		
*Hepatitis B	1			
	2			
	3			
Varicella Chickenpox OR date of Disease	1	12-18 mo.		
PCV Pneumococcal Conjugate	1	2 mo.		
	2	4 mo.		
	3	6 mo.		
	1	12-15 mo.		
influenza	1	6-23 mo.		

PERMISSION FORM

RON & CAROL COPE CHILD DEVELOPMENT CENTER

KEARNEY FAMILY YMCA

Permission to Take From Premises:

I give permission for YMCA Child Care to take my child (ren) off the child care premises for occurrences, such as field trips, with notice given to the parent prior to the day.

- YES
- NO

Name(s) of child(ren) _____

Permission to Transport:

I give permission for YMCA Child Care or R.Y.D.E. Transit, through Community Action Partnership of Mid-Nebraska, to transport my child (ren) for miscellaneous field trips or to and from school.

- YES
- NO

Name(s) of child(ren) _____

I understand that my child care provider is required under Nebraska law when transporting to ensure that children under 6 years of age be correctly secured in a federally approved child safety seat.

I would like my name, address and phone number to be listed on a parent roster and given to other parents?

- Yes
- No

Signature of Parent/Legal Guardian

Date _____

****Parent: Please discuss and return this form to your child care facility.***