



CHILD'S IDENTIFICATION RECORD

Student Information:

Date Enrolled _____

Child's Full Legal Name _____
Child's Preferred Name _____ Sex _____ Birth Date ____/____/____
Address _____ City _____ Zip _____ Phone _____

Family Information:

Who has legal custody? _____ Relationship _____
Address _____ City _____ Zip _____ Phone _____
Child lives with _____

Parent/Guardian's Name _____ Cell Phone/Pager _____ Phone _____
Home Address _____ City _____ Zip _____
Place of Employment _____ Phone _____
Address _____ City _____ Zip _____

Parent/Guardian's Name _____ Cell Phone/Pager _____ Phone _____
Home Address _____ City _____ Zip _____
Place of Employment _____ Phone _____
Address _____ City _____ Zip _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of **illness, accident or emergency**, if for some reason, the custodial parent or legal guardian cannot be reached: Additional contacts can be added by attaching an additional page to this form.

Name _____ Address _____
City _____ Zip _____ Phone _____
Relationship to the child _____

Name _____ Address _____
City _____ Zip _____ Phone _____
Relationship to the child _____

Child is Provider's Household Member Related to Provider Not related to provider

Helpful Information about Child:

Communicable diseases child has had (give dates) _____
Does your child have any of the following problems? Earaches _____ Diabetes _____
Allergies _____ Skin Problems _____ Eating Problems _____
Vomiting/Diarrhea _____ Frequent Sore Throats/Colds _____ Other Chronic Conditions _____
Physical or Mental Disabilities _____
List all identifying scars, birthmarks, skin discolorations _____
Special needs of child _____
Instructions regarding toileting _____
Child's habits, fears, etc. _____
Any other information that you wish known? _____

Medical Information:

Child's Physician/Health Care Resource _____ Phone _____
Address _____ City _____ Zip _____

Child's Dentist _____ Phone _____
Address _____ City _____ Zip _____

My child's hours in care are as follows: _____ am/pm to _____ am/pm.

My child is in care on: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Dinner Eve Snack

My child has a varied schedule _____

_____ I have received the "Know Your Child's Family Child Care Home" brochure.

_____ I have been notified in writing of the family day care home discipline policy.

Signature of Parent / Legal Guardian Date
(Signature verifies that enrollment information is complete and accurate.)

Note to Parent/Guardian: This form contains information required by licensing regulations to protect your child in an emergency situation and must be filled out completely.

PLEASE ATTACH CHILD'S HRS-H 3040 STUDENT HEALTH EXAMINATION FORM AND DH 680 IMMUNIZATION FORM.

EMERGENCY MEDICAL RELEASE

***A new notarized form is required when there is a change in legal guardianship**

***Sign in the presence of the Notary.**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____
(Month) (Day) (Year)

by _____, who is personally known to me

or who has produced _____ as identification.

Signature of Notary: _____

SEAL OF NOTARY