



Please fill out both the FRONT and BACK side of forms.

Operation Name <i>Kids R Kids of Castle Hills TX #58</i>		Director's Name <i>Samantha Skiles</i>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone #
Child's Home Address			
Date of Admission	Mother's Email Address		Father's Email Address
Parent or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Cell Phone Number	Mother's Work Phone Number	Mother's Evening Phone Number	Other Phone Number
Father's Cell Phone Number	Father's Work Phone Number	Father's Evening Phone Number	Other Phone Number
Name of Emergency Contact and Relationship	Address of Emergency Contact		Phone #
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give -consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> <b>TRANSPORTATION</b> <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> <b>FIELD TRIPS</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give -my consent for my child to participate in field trips <b>Parent's Comments:</b>			
3. <input type="checkbox"/> <b>WATER ACTIVITIES:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give -my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. <input type="checkbox"/> <b>I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b> BREAKFAST, LUNCH, AFTERNOON SNACK FURTHERMORE, I UNDERSTAND THAT IF BRINGING MY CHILD LUNCH I MUST FILL OUT THE NECESSARY DOCUMENTATION.			
6. <b>MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>			
<input type="checkbox"/> MONDAYS	FROM:	TO:	
<input type="checkbox"/> TUESDAYS	FROM:	TO:	
<input type="checkbox"/> WEDNESDAYS	FROM:	TO:	
<input type="checkbox"/> THURSDAYS	FROM:	TO:	
<input type="checkbox"/> FRIDAYS	FROM:	TO:	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Phone #:
Name of Emergency Medical Care Facility	Address:	Phone #:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ <b>Signature – Parent or Legal Guardian</b>		

List any special problems that your child may have, such as **allergies**, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: \_\_\_\_\_



## HEALTH REQUIREMENTS

Name of Child:	Date of Birth:
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Age Vaccine	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus, influenza B											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

Signature or stamp of a physician or public health personnel verifying immunization information above. \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_  
**Physician Signature**
**Date**

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

\_\_\_\_\_
\_\_\_\_\_  
**Parent's Signature**
**Date**

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations, contact the Department of State Health Services at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

