

**CHILD ENROLLMENT AND HEALTH INFORMATION
FOR CHILD CARE CENTERS AND TYPE A HOMES**

Child's Name		Form Last Updated			
1. Give <i>Permission</i> to Transport		OR Do not sign both	2. <i>Do Not Give Permission</i> to Transport		
I give (Center/Type A Home name) _____ _____ permission to have my child (name) _____ Transported to (Hospital/Clinic) _____ _____ For emergency medical care or to (Dentist) _____ _____ for emergency dental care, or to the nearest available source of assistance.			I do not give (Center/Type A Home name) _____ My permission to have my child _____ Transported for emergency medical or dental care. In the event of a illness or injury which requires emergency medical or dental treatment, I wish for the following action to be taken _____ _____		
Parent's Signature	Date		Parent's Signature	Date	
Immunizations (enter month, day, and year) (Not required for children enrolled in school)					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
The immunizations above are recommended immunizations. Please consult your child's physician for more information.					
Name of Dentist (Recommended for children over 18 months of age.)					
Street Address					
City		State		Telephone Number	

Distribution:

White: Main File

Yellow: Classroom

Manual: Transportation