

Registration Checklist

Child's Name _____

Date of Enrollment _____

_____ Registration Form

_____ About My Child Form

_____ Permission to Photograph Form

_____ Sunscreen Form

_____ Keypad Policy Agreement Form

_____ Policy Agreement Form

_____ Current shot record from child's physician

_____ Current Health Appraisal (form included in packet to take to physician)

_____ Emergency Card

_____ Parent Notification of Licensing Notebook Form (Licensing Note Book is kept near the daycare entrance. It contains a current copy of Michigan's Child Care Licensing rules)

_____ Registration Fee \$50.00

_____ Deposit equal to one week's tuition

_____ First week's tuition

_____ Custody Paperwork

_____ Remind 101 subscription

_____ Food Service Agreement

Parent Signature

Program Director



Child Registration

Child's Full Name: _____
Nickname: _____
Birth Date: _____ Date of Enrollment: _____
Address: _____
City: _____ Zip Code: _____
Phone: _____

Mother's Full Name: _____
Mother's Address (if different from child's): _____
City: _____ Zip Code: _____ Phone: _____
Mother's Email Address: _____
Employer: _____
Employer's Address: _____
Employer's Phone Number: _____

Father's Full Name: _____
Father's Address (if different from child's): _____
City: _____ Zip Code: _____ Phone: _____
Father's Email Address: _____
Employer: _____
Employer's Address: _____
Employer's Phone Number: _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other (please explain) _____

Legal Guardian (s): (check one) Both Parents Mother Father Other (please explain) _____

Please provide FCDC with custody documents for custody/guardianship if applicable

Any special circumstances that you'd like to disclose:

Emergency Contacts / Medical Authorization

1st Emergency Contact (other than parents/guardian):

Name: _____

Phone: _____

Work Phone: _____

Relationship to Child: _____

2nd Emergency Contact (other than parents/guardian):

Name: _____

Phone: _____

Work Phone: _____

Relationship to Child: _____

Persons authorized to pick up my child besides parents/guardians or emergency contacts:

1 _____

2 _____

3 _____

Persons authorized to pick up must provide picture ID

Consent to Emergency First Aid and Transportation

I hereby give my permission that my child may be given emergency treatment by FCDC. I also give permission for my child to be transported by ambulance to an emergency center for treatment.

Parent/Guardian Signature: _____ Date: _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parent/Guardian Signature: _____ Date: _____

FCDC will not be responsible for paying for the child's health care.

Child's Physician: _____ Phone: _____

Preferred Hospital: _____ Insurance Provider: _____

ID# _____ Group # _____

Allergies: _____

Special Health Conditions: _____

Schedule, Enrollment Fees, Tuition and Supply Fee Information

Schedule: Your child's/family's schedule is due by Thursday at 12:00 PM for the following week. You can submit your schedule by texting through the Remind App. You are responsible to pay for days scheduled.

Registration Fee: \$50.00 per family and is a one-time fee unless you withdraw from the program and then return. Upon returning you will pay an additional registration fee.

Deposit: Your deposit is equal to your child's/family's first week and is due at enrollment. Your deposit holds your child's spot in our program. The deposit is fully refunded upon FCDC receiving a two week written notice that you are withdrawing your child/family from the program and the two weeks is fulfilled. **If a two week written notice is not given, your deposit will not be refunded.**

Supply Fee: An annual Supply Fee is due every August. The Supply Fee is \$50 per family. It helps us to replenish classroom supplies for the upcoming school year. FCDC will waive the supply fee if you chose to pay your tuition through EFT (bank account info instead of using debit or credit card) Please provide FCDC with your routing number and checking account number to get it set up. This applies to "Click to Pay" as well.

Tuition: Your tuition is billed via emailed statement on Friday and is due on Monday of each week. Tuition is considered late if not paid by Wednesday and a late fee of \$25 is charged. You can pay through the emailed statement using the "Click to Pay" option, EZ EFT (automatically processed every Monday) through your bank account, cash or check placed in the drop box in the Infant / Toddler wing.

I have read and understand the information above.

Parent/Guardian Signature: _____ Date: _____



About My Baby

Name: _____

Birthdate: _____

Daycare Schedule: _____

Has your baby attended daycare before? _____

Does your baby co sleep? _____

Does your baby sleep in a crib? _____

*If not, why? _____

If you have been instructed by the baby's doctor for the baby to sleep in anything besides a crib, on their back, please provide a doctor's note explaining the reason and what they recommend for a safe sleep position / area (bouncy seat, swing, etc.)

Do you swaddle your baby for sleeping? _____

Does your baby sleep in a sleep sack? _____

Does your baby sleep through the night? _____

Does your baby nap throughout the day? How long? _____

Please explain your baby's feeding schedule:

Photograph & Video Notice

Freedom Child Development Center reserves the right to use any photograph/video taken during FCDC hours and or any event sponsored by FCDC. Please check the box that indicates your permission to use photos/video. FCDC may use the photograph/video in publications or other media material produced, used or contracted by FCDC including but not limited to: brochures, invitations, books, newspapers, magazines, television, websites, social media page, etc.

To ensure the privacy of individuals and children, images will not be identified using full names or personal identifying information without written approval from the photographed subject, parent or legal guardian.

If you do not wish for your child's image to be used by FCDC, please check the box below and sign.

Any person or organization not affiliated with FCDC may not use, copy, alter or modify FCDC photographs, graphics, videography or other, similar reproductions or recordings without the advance written permission of the Program Director, Assistant Director or Lead Teacher.

Thank you for your understanding and cooperation!

_____ No, I do not give permission for my child's image to be used by Freedom Child Development Center.

_____ Yes, I give permission for my child's image to be used by Freedom Child Development Center.

Keypad Entry Codes

Each family will be given a security code to be used to enter our building. This code is to be used only by those that are listed on your child's emergency card. You may not give this code to anyone that is not listed on your child's emergency card. If you give your code to anyone for any reason that is not listed, your code will be deleted from the system and you will not be allowed to use the keypad for entry and could possibly be asked to withdraw your child / children from the program for breaching FCDC's safety policy. Please add anyone that may possibly need to pick up your child. FCDC staff will not add anyone to your child's emergency card for you. This includes anyone dropping off and / or picking up. Please do not tell your child the code or let them key in the code. We take the safety of your children very seriously and strive to provide the safest environment for them. If someone is listed on your child's emergency card, and they are picking up, please have them bring their ID. Our classroom doors are locked and before we release your child we will verify that they are listed on the emergency card. This security system will allow us to track codes each time the code is used. This will also be helpful with tracking attendance. However, we will still require that each child be manually signed in and out each day. Your code will only be active during FCDC business hours.

I have read the Keypad Entry Policy and agree that I will only give my code to those listed on my child's emergency card. I will call Freedom Child Development Center and verify that I have listed each person picking up my child before I give my code. I understand that staff members are not able to add anyone to my child's emergency card. I have been notified that if I give my code to anyone that is not listed, my code will be deleted and I will not be given another code and possibly asked to withdraw my child/children from the program.

Parent/Guardian
Signature _____

Date _____

Policy Agreement

- ____ Attendance Policy: I understand that 2 days minimum is required for my child to be enrolled at FCDC. This applies to summer, holiday weeks, vacation time (unless my child is enrolled full time with available vacation / sick days). I understand that I will be billed accordingly.
- ____ Illness Policy: I understand that my child must be picked up if they have a temperature of 101 or higher, an unexplained rash or any symptoms of a communicable disease or illness. If my child is too ill to participate in all activities, including going outdoors, we will ask you to pick them up. I understand that my child must be symptom free for at least 24 hours and or on medication that is treating the illness.
- ____ Custody Issues: I understand FCDC must have custody paperwork and or court documents stating who may pick up my child.
- ____ Tuition: I have been informed that a \$25.00 Late fee will be applied to my account if my account is past due.
- ____ Late pick up fee: \$2.00 per minute will be charged if your child is picked up after 6:00 PM. Please pay the staff member that stayed after with your child.
- ____ Medication Policy
- ____ Injury / Emergency Policy
- ____ Nutrition Plan
- ____ Common Courtesy Practices
- ____ Behavior Management
- ____ Pesticide Policy
- ____ Summer Attendance Policy
- ____ Summer Vacation Time: We require 2 days minimum all throughout the year, this includes summer. Please review how to suspend your child's enrollment during the summer.
- ____ Staff Babysitting Policy
- I have read and agree to FCDC's Policies. I understand that FCDC will operate according to these policies.

Parent Printed Name and Signature

Child's Name

Policy Agreement

I have read and agree to the policies written by Freedom Child Development Center

Parent /Guardian Signature

Date

Parent / Guardian Signature

Date

Center Director

Date

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- o This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- o The notebook will be available to parents for review during regular business hours.
- o Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

I have read the above statement issued by _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

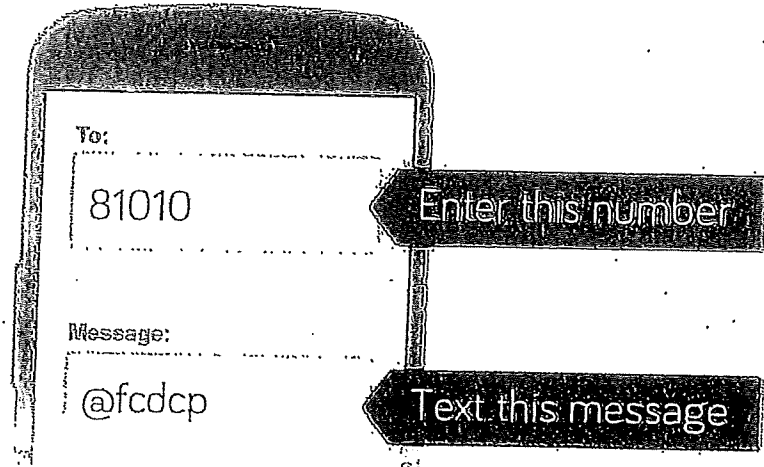
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

m. hughes would like you to join Fcdc
Parents!



To receive messages via text, text
@fcdcp to 81010. You can opt-out
of messages at anytime by replying,
'unsubscribe @fcdcp'.

Trouble using 81010? Try texting
@fcdcp to (810) 250-7057 instead.



*Standard text message rates apply.

WHAT IS REMIND AND WHY IS IT SAFE?

Remind is a free, safe, and simple messaging tool that helps teachers share important updates and reminders with students & parents. Subscribe by text, email or using the Remind app. All personal information is kept private. Teachers will never see your phone number, nor will you see theirs.

Visit remind.com to learn more.

FCDC Food Service Agreement

Freedom Child Development Center does not provide formula, cereal or baby food for infants. Our Food Service Program begins when your child is 12 months.

Here are some Licensing Guidelines and helpful tips to consider when preparing your child's bottles and food:

- Please send prepared formula bottles. Licensing does not allow us prepare bottles.
- Please label your child's bottles with their full name and the date that the bottle was prepared.
- Please label all food that is sent in for your child with your child's full name, date, what it is, and which meal you would prefer it to be served.
- Breast milk bottles must be labeled with the child's full name and date.
- Please be sure to pack extra food and bottles. It's better to have more than we need!
- Please be sure to pack enough clean bottles for thawed breast milk. We cannot clean and sanitize bottles.
- FCDC staff members are not allowed to add medication to a child's bottle, beverage, or food unless indicated on the child's prescription label.
- FCDC staff members are not allowed to add cereal to a child's bottle or beverage container without WRITTEN parental permission.
- We are a "Nut Free" Zone. Please do not send in any products containing peanut butter or other nuts.
- Please use an ice pack to keep your child's lunch / snacks cold.
- Please pack healthy food options. Since we do offer healthy foods in the meals and snacks that we provide, it is difficult to explain to children why others get to eat chips and cookies. We may ask that your child save those things to eat at home. We appreciate your understanding.

I have read and agree to Freedom Child Development Center's Food Service Agreement.

Child's Name _____

Parent Signature _____

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)		DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI / /
PARENT/GUARDIAN (Last, First, Middle)		HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code) MI ()

SECTION I - HEALTH HISTORY

Yes	No	Reason/Ref	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>		1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Examiner's Initials:</i> _____
<input type="checkbox"/>	<input type="checkbox"/>		2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>		3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>		4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>		5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>		6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>		7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>		8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>		9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>		10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>		11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>		12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>		Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>		Does your child take any medication(s) regularly?	
Reason for Medication _____				
_____/_____/_____ <i>Parent/Guardian Signature</i> Date				

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Date: / /	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT Date: / /	→			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscope				<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE TUBERCULIN Date: / /	Reading: _____ Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS				
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*				
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	1	
	2			2
DTaP/DTP/DT/Td	1	4	1	
	2	5		3
	3	6		4
Tdap	1		2	
Haemophilus Influenzae type b (HIB)	1	3	1	
	2	4		3
Polio (IPV/OPV)	1	3	1	
	2	4		2
Pneumococcal Conjugate (PCV7/PCV13)	1	3	1	
	2	4		3
Rotavirus (RV1/RV5)	1	3	1	
	2			2
Measles, Mumps, Rubella (MMR)	1	2	1	
Varicella (Chickenpox)	1	2	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:				
I certify that the immunization dates are true to the best of my knowledge				
_____		_____	_____	
Health Professional's Signature		Title	Date	

		SECTION IV - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)	
No	Yes		
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:	
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other	
Other Recommendations			

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)	
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____	
_____	_____
Dentist's Signature	Date

PHYSICIAN'S SIGNATURE			
_____	_____	_____	_____
Examiner's Signature	Date	Examiner's Name (Print or Type)	Degree or License
_____	_____	_____	_____
Number & Street	City	MI	ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status
Child Care Licensing - Physical Exam, Restrictions, Immunizations
Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

 Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

What to Bring to Daycare

Infant Room 6 weeks – 12 months:

Prepared bottles with labels of when bottle was pumped/prepared and child's full name.

Baby food or cereal labeled with child's name and contents. Please indicate when it was prepared if homemade.

Diapers and wipes

Extra clothes

Bibs (we have some, but just in case)

Sleep Sack if desired. Infants may not have anything in the crib. A sleep sack can help keep them comfortable.

Favorite blanket for comfort while not in the crib

Snow suit / winter coat and mittens for winter walks in the stroller.

Toddler Rooms 12 months – 2 ½

Diapers and wipes

Standard crib sheet for their cot

Blanket for nap

Pillow if desired for nap

"Lovey" for nap if desired

Snow gear for playing outside in the cold (boots, mittens, snow pants, coat, hat, etc.)

Extra clothes

Back pack

Please wear shoes. We will go outside daily

Coat / Jacket for weather

Preschool 2 ½ - 5

Diapers and wipes (if needed)

Standard crib sheet for their cot

Blanket for nap

Pillow if desired for nap

"Lovey" / stuffed animal if desired for nap

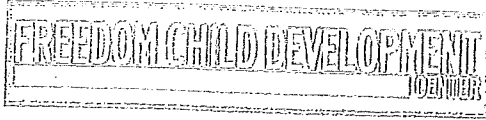
Snow gear for playing outside in the cold (boots, mittens, snow pants, coat, hat, etc.)

Extra clothes

Back pack

Please wear shoes. We will go outside daily

Coat / Jacket for weather



Starting February 13, 2017, Freedom Child Development Center will be introducing a convenient new service called EZ-EFT that makes it easy for you to pay your child care tuition automatically – at absolutely no cost to you. The simple authorization form allows us to bill your financial institution (or credit card) on the due date. There is no need for you to write checks, remember to drop off (or mail) them, or worry about late fees. Your record of payment will be listed each month on your banking or credit card statement (and at your request we can also provide you a complete statement of charges and credits each month).

Getting started is easy. Simply complete the authorization form included here, or pick up a form at the front desk. Attach a voided check to the form and return it to us. If you prefer to pay by credit card, just include the account number and expiration date.

What about security? The service uses the Federal Reserve’s electronic payment network used by financial institutions nationwide, so it is absolutely secure. Consumer safeguard regulations for electronic payments are even more stringent than when you write a check.

With your busy schedule, it’s nice to know that you will have one less task to perform each week/month with absolutely no cost or effort on your part. Sign up for EZ-EFT today!

“CLICK TO PAY” is the other option we will begin the week of 2/13. Please fill in your name and email address below. We will email out statements and there will be the “CLICK TO PAY” button at the bottom of the statement. Beginning 2/13, we will no longer use the TFC app for FCDC payments.

EZ-EFT Authorization Form

I hereby authorize

(Print name of your financial institution.)

to make my periodic payment on my behalf from the checking, savings or credit account listed below and transfer it to **Freedom Child Development Center**.

CHOOSE ONE:

____ Checking Account Transfer
(Voided check must be attached.)

____ Savings Account Transfer

(Savings Account Number)

____ Credit Card Charge

____ Visa ____ AMEX
____ MasterCard ____ Discover

(Credit Card Number)

____/____ (month/year)
(Expiration Date)

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will notify **Freedom Child Development Center**. Change of payment method will not affect the terms of my contract.

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____

Date _____

Email _____

Permission To Apply Topical Medication
Please Initial Next To Each Medication

Child's Name _____

Parent Signature _____

Date _____

Sunscreen _____

Lotion _____

Lip Balm _____

Provided by Parents

Release of Information

I give permission for Freedom Child Development Center to contact the previous daycares my child has attended. I authorize the release of information between Freedom Child Development Center and the previous daycares in an interest of providing the best care for my child.

The information acquired will be used to have a better understanding of your child's past experiences, behaviors and to obtain care techniques that may help your child adjust to the new setting. The information gathered may also include the reasoning behind your child leaving the past center.

Child Name

Parent Name (printed)

Parent Signature

Date

Names and Location of Previous Daycare Center(s)

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)		Child's Date of Birth	
Address (Number and Street, Building/Apartment Number)		City	
		State	
		Zip Code	
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)	Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)	Cell Phone ()
City	State	Zip Code	City
			State
			Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ()	Employer Name	Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:
 _____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.
 Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
 COMPLETION: Required
 PENALTY: Rule Violation