

Child's Medical Record and Emergency Contact Information

Section 1

Immunization Records

Please provide the Center with your child's immunization record. This may be returned as a hard copy with the enrollment forms and waivers, or it may be uploaded onto your child's profile in brightwheel. The Center must have this record prior to accepting your child for care.

I understand that I must provide the Center with my child's immunization record, and that I am required to maintain updated immunization records or the Center will refuse to admit my child for care.

Signature of Parent or legal guardian

Date: _____

Section 2

Medical History

Please list any and all allergies your child/children have below:

Disease	Date	Disease	Date
Whooping Cough		Scarlet Fever	
Chicken Pox		Polio	

Mumps		Typhoid	
Measles			

**Section 3
Emergency Contact**

Please list the names and contact information of anyone you wish to authorize the Center to contact on behalf of your child in the event of an emergency when the parents and/or legal guardians are unable to be reached:

Signature of Parent or legal guardian

Date: _____

**Section 4
Administration of Emergency Medical Treatment**

I have been provided with, and have reviewed the Center’s emergency medical treatment policy as part of my admissions packet and hereby agree to the following:

I will allow the staff of Crestwood Childcare and Learning Center to administer emergency medical treatment to my child in the event such treatment becomes necessary. I understand I will be contacted and informed of the incident at the earliest and safest possible opportunity. In the event my child requires additional treatment, I will allow the staff to transport my child to an emergency facility if needed. I understand that the staff of Crestwood Childcare and Learning Center will always contact emergency medical services in the event of a serious injury or medical emergency.

The intent of this release is to allow the staff and/or administration of Crestwood Childcare and Learning Center to render any and all services or treatments that may be necessary to insure the safety of my child.

Name of child/children

Signature of Parent/Guardian

Date: _____