

# AES Child Care Student Information

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

## Parent information:

Mother's name \_\_\_\_\_

Father's name \_\_\_\_\_

Daytime phone \_\_\_\_\_

Daytime phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

e-mail address \_\_\_\_\_

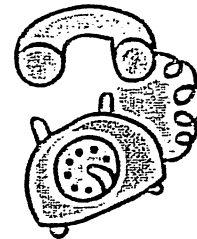
e-mail address \_\_\_\_\_

## Emergency contacts:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the order that you would like me to follow if I need to reach you regarding your child during the day. (ex. First mom at work, then grandma...)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



Does your child have any known allergies or other concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other information you'd like me to be aware of (personal, social, religious) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Child Care/Little Stars Student Pick-Up Release Form



To ensure the safety of your child we are asking that all parents/guardians fill out this Student Pick Up Release Form. Please fill out the form below noting any family or friends who have permission to pick up your child. Parents/Guardians should be included on this list.

We still ask that you send a note or call if your arrangements for pick-up have changed and someone other than the typical person will be picking up your child. Please be aware that the person may be asked to identify him/herself before we release your child (example: show a picture ID). No one will be permitted to pick up your child if their name is not listed below. Any changes to this form must be made in writing by the parent/guardian.

The following people are allowed to pick up my child from AES Childcare.  
If you need additional space, you can use the back of this page.

Name	Relationship to Child	Phone#
Student Name:		
Teacher: Karen Bishop		
Parent/Guardian Name:		
Signature		Date:

### CHILD HEALTH REPORT – CHILD CARE CENTERS

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.07(6)(L)3., and DCF 251.07(6)(k)3. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Except for a school-aged child, each child 2 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant or HealthCheck provider to be completed, signed and dated. The licensee shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian were to include a copy of the child's immunization record when submitting this form to the child care center.

**PARENT OR GUARDIAN – Complete this section.**

Name – Child (Last, First, MI)	Birthdate – Child (mm/dd/yyyy)
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Address – Child (Street, City, State, Zip Code)

Name – Parent or Guardian (Last, First, MI)

Address – Parent or Guardian (Street, City, State, Zip Code)

**HEALTH PROFESSIONAL – Complete this section.**

Instructions for feeding and care of child with special problems, including allergies – Specify (attach information as necessary).

Yes  No Does the child have a milk allergy? If "Yes", identify the recommended milk substitute.

Date of most recent blood lead test: \_\_\_\_\_ (mm/dd/yyyy). Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

**AUTHORIZATION**

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA or HealthCheck Provider (type or print)	Address (Street, City, State, Zip Code)
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SIGNATURE – MD, PA or HealthCheck Provider	Date of Examination
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**HEALTH HISTORY AND EMERGENCY CARE PLAN**

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5 and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

**CHILD INFORMATION**

Name (Last, First, MI) \_\_\_\_\_ Address – Home (Street, City, State, Zip Code) \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Date – First Day of Attendance (mm/dd/yyyy) \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Name \_\_\_\_\_ Provide information where the parent(s) / guardian(s) may be reached while the child is in care.  
 Telephone Number – Home \_\_\_\_\_ Telephone Number – Work \_\_\_\_\_ Telephone Number – Cellular \_\_\_\_\_  
 Telephone Number – Home \_\_\_\_\_ Telephone Number – Work \_\_\_\_\_ Telephone Number – Cellular \_\_\_\_\_

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

Name – Physician \_\_\_\_\_ Address – Medical Facility \_\_\_\_\_ Telephone Number \_\_\_\_\_

**SUNSCREEN / INSECT REPELLENT AUTHORIZATION**

If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2. a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
I authorize the center to apply sunscreen to my child.	I authorize the center to allow my child to self-apply sunscreen.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Brand Name	Ingredient Strength
I authorize the center to apply repellent to my child.	No I authorize the center to allow my child to self-apply repellent.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**HEALTH HISTORY AND EMERGENCY CARE PLAN** If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have.
  - No specific medical condition
  - Asthma
  - Cerebral palsy / motor disorder
  - Other condition(s) requiring special care – Specify.
  - Diabetes
  - Epilepsy / seizure disorder
  - Gastrointestinal or feeding concerns including special diet and supplements
  - Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies – Specify food(s).

- Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.
- a.
  - b.
  - c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates:

\_\_\_\_\_

## CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

### PERSONAL DATA

PLEASE PRINT

<b>STEP 1</b>	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

### IMMUNIZATION HISTORY

**STEP 2** List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

Yes year \_\_\_\_\_ (Vaccine is not required)

No or Unsure (Vaccine is required)

### REQUIREMENTS

**STEP 3** The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup> 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup> 2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).

### COMPLIANCE DATA AND WAIVERS

**STEP 4** IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR  
 IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.**

For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

### SIGNATURE

**STEP 5** To the best of my knowledge, this form is complete and accurate.

\_\_\_\_\_  
SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
Date Signed

# AES Child Care

Dear families,

Below is a permission slip for walking field trips.

Please sign and return to child care. Thanks Mrs. Bishop : )

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My child \_\_\_\_\_ has permission to go on walking field trips.

My child \_\_\_\_\_ does not have permission to go on walking field trips.

\_\_\_\_\_ Parent/guardian signature/Date

# AES Child Care

Dear Families,

Below is a permission slip to be filled out if you give your child permission to use the playground equipment that is rated for children 5 years old and above.

\_\_\_\_\_ Yes my child \_\_\_\_\_ has my permission to use the playground equipment rated for 5 years old and above.

Date and signature:

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\_\_\_\_\_ No my child \_\_\_\_\_ does not have my permission to use the playground equipment rated for children 5 years old and above.

Date and signature:

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