

**Master Card**

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cellular Phone #		
Beeper #		

Person with whom the child lives: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone#: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone#: \_\_\_\_\_

Individuals to contact in case of an emergency:

\_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answer here: \_\_\_\_\_

\*\*\*\*\*

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above.

*(Please notify these individuals that they may be asked to show proof of identity).*

NAME	RELATIONSHIP

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

# Cribs To Crayons Child Care, LLC

## Medication Authorization Form Medicine Must Be In Its Original Container

Child's Name: \_\_\_\_\_  
Medication Name: \_\_\_\_\_  
Dosage Amount: \_\_\_\_\_  
Time to be Given: \_\_\_\_\_  
Date(s) to be Given: \_\_\_\_\_  
Side Effects/Anticipated Reactions: \_\_\_\_\_

Special Instructions (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**\*If all information is not filled in completely, medication will not be given.**

### Administration Documentation

Date Given	Time Given	Dosage Given	Staff Signature

\*Maintenance medication authorization shall be updated as changes occur or at least every three months.

5321.B  
5321.C  
5321.G

# Cribs To Crayons Child Care, LLC

## As Needed Medication Authorization Form Medicine Must Be In Its Original Container

Child's Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_

Side Effects/Anticipated Reactions: \_\_\_\_\_

Special Instructions/Circumstances for Administering "as needed" medication: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### Administration Documentation

Phone Contact Time & Date	Date Given	Time Given	Dosage Given	Staff Signature

\*shall be updated by parent as changes occur or at least every three months

Cribs To Crayons Child Care, LLC

5319.H

Bottle Authorization

I give permission for my child \_\_\_\_\_  
(Child's Name)

to hold his/her bottle while in a crib, on a mat, cot, etc.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Cribs To Crayons Child Care, LLC

5321.I

## Authorization for the Application of Topical Products

Child's Name: \_\_\_\_\_

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

Yes   No

( ) ( ) sunscreen

( ) ( ) insect repellent

( ) ( ) diaper rash ointment

( ) ( ) other \_\_\_\_\_  
(name)

This one time authorization will remain in effect until a new authorization is signed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Cribs To Crayons Child Care, LLC

5307.D

## Parental Awareness of Recordings

I am aware that Cribs To Crayons Child Care, LLC utilizes recordings  
(Name of Center)

and/or taping of my child such as digital recordings, videotaping, audio recordings, web cam while in the center for observation/security purposes.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Cribs To Crayons Child Care, LLC

5307.C

**Permission to Release Photograph**

I give permission for Cribs To Crayons Child Care, LLC to release a  
(Name of Center)

photograph/recording of my child \_\_\_\_\_ to  
(circle one) (child's name)

\_\_\_\_\_ on \_\_\_\_\_  
(Source) (Date)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date