

South Carolina Department of Social Services
Child Care Regulatory Services

GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____ Select County ...

Address: _____
Street Address - no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility FROM _____ am/pm TO _____ am/pm

If Child is a drop-in, indicate hours of care: FROM _____ am/pm TO _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch

Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

2018 Policies

Emergency Medical Treatment Policy

In the event there is a medical emergency; the director will begin necessary care after 911 has been called. She alone; until another staff member becomes CPR and first aid certified will administer major medical treatment until EMS or someone of greater training arrives. Staff members will be allowed to administer bandages for minor cuts and scrapes, bumps and bruises; however, no other treatment will be given by untrained staff. In the event of a medical emergency 911 will be called and if needed: the injured child will be released into the care of the paramedics, and sent to hospital of parents' choice listed at enrollment. Parents please understand this is for the safety of your child.

Medication Administration Permission

The staff of GMLC will not administer any medication to a child unless there has been written permission by the parent. In the event the child is ill and has a prescription that needs to be given, please note that all prescriptions be placed in a clear Ziploc bag. Medicine must have labels including the physicians name, medication, date, directions, and must include your child's name and recommended dose. If these are not clearly labeled, our staff will be unable to administer. If child is sent to day care without a prescription, we must have a written release from parent to give medication to child which includes amount to give and how often to administer along with what the medication is for. This medication must be placed in a Ziploc bag with its name, and recommended dose and instructions on its label. No medication will be given without written parental consent.

Permission to Swim

By signing the form below, I consent to give my child permission on or off the premises of the daycare. I understand that my child will be well supervised and will be with a staff member who is CPR and First Aid Certified.

Play Ground/Field Trip Permission/ Transportation

My child has permission to use all playground equipment at Growing Minds and also to be transported to and from the center for field trips and home.

Discipline

Growing Minds Staff which includes all paid staff and volunteers will be following a don't touch policy. No person acting on behalf of this center will use corporal punishment for any reason. If a member of staff is in violation of this policy, immediate termination of employment will be in effect. Even if a parent asks a staff member to spank or use any form of corporal punishment the request will be denied and parent will be advised to see director. Every parent will receive and sign a copy of our policy at enrollment.

Confidentiality

Each child's file and the contents therein are totally confidential. There is to be no discussion with anyone outside of those who give direct care of a child in this facility about a child's health, family, or anything that pertains to that child without written consent from the child's legal guardian.

By signing below, you the parent are stating that you understand and agree with the policies and procedures of Growing Minds Learning Center. I have read and fully been given opportunity to ask any questions that I may have concerning anything written therein.

Parents Full Printed Name _____

Date _____

Parents Full Signed Name _____

Date _____

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to **Growing Minds Learning Center** to use the image

of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Growing Minds Learning Center website.

- I Deny permission to use my child's image at all.
- I grant permission to use my child's image in the following ways (mark all that apply):
 - I limited usage: I want my child's image used within the Growing Minds Learning Center setting only (not in the larger community).
 - Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within Growing Minds Learning Center or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage: I want my child's image used on printed materials only (no digital or video use).
 - unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Growing Minds Learning Center for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian signature _____ Date _____

***THIS PAGE IS TO BE FILLED OUT EVEN IF CHILD TAKES NO MEDICATIONS**

Permission to Administer Medication

* Child's Full Name _____

Name of Medication _____

Need to be refrigerated Yes or No

Dosage _____

Times to be given _____

Dates to be given _____

When did child last receive medication ? _____

* Parents Signature _____

* Date _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Date	_____	_____	_____	_____	_____
Time	_____	_____	_____	_____	_____
By	_____	_____	_____	_____	_____

Comments _____

