



CENTER FOR CHILD DEVELOPMENT Medical Information

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

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

May we contact another Physician if the one listed above cannot be reach? If so, please list

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Allergies \_\_\_\_\_

(Your signature below authorizes the Center for Child Development to post your child's allergies in all classrooms)

Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to receive any emergency treatment or first-aid from the staff and the management at the Center for Child Development.

Florida Administrative Code Requirements

Rule 65C-22.006(2), F.A.C., and Section 65C-20.011 (1), F.A.C., require a current physical examination (DH3040) and immunization record (DH680 or DH681) within 30 days of enrollment

Section 402.3125(5), F. S., requires that parents receive a copy of the Child Care Facility Brochures, "Know Your Child Care Facility."

Section 65C-22.006(4)©2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_