

## Medical Record Medical History

In accordance with K.A.R. 28-4-117 and K.A.R. 28-4-430, a completed medical record shall be on file for all children in care. For a Family Child Care Home, children under 10 years of age and all children living in the home under 16 years of age, a medical record shall be completed. The Medical Record shall include a Medical History including current Immunizations and a Child Health Assessment. The Medical Record is transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care \_\_\_\_\_ Name of Child Care Facility \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
First Last MM/DD/YYYY M/F

### Parent/Guardian Information

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Street City Zip Code  
Home/Cell Phone Number \_\_\_\_\_  
Work Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Best way to contact \_\_\_\_\_

### Parent/Guardian Information

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Street City Zip Code  
Home/Cell Phone Number \_\_\_\_\_  
Work Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Best way to contact \_\_\_\_\_

### Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name _____	Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference (for emergencies): \_\_\_\_\_

Known allergies or medical conditions: \_\_\_\_\_

Major changes at home that  
might affect your child in care: \_\_\_\_\_

Additional information or special  
instructions that will help the  
person caring for your child: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

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