

HIGHLAND CHRISTIAN SCHOOL AND DAYCARE CHILD INFORMATION FORM for EMERGENCY/DISASTER PREPAREDNESS

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this form. Sign and date where indicated.
- (2) If your child has a medical condition, which might require emergency medical care, complete the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

DATE: _____

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home - (check one) currently resides with Both parents Mother Father Guardian

Address	Street/Apt. #	City	State	Zip Code
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Mother's Name _____ Home Telephone _____
Last First

Mother's Employer/School _____

Name	Address
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Mother's Home (if different from above)

Address	Street/Apt. #	City	State	Zip Code
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Work Telephone _____ Cellular Phone _____ E-mail _____

Father's Name _____ Home Telephone _____
Last First

Father's Employer/School _____

Name	Address
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Father's Home (if different from above)

Address	Street/Apt. #	City	State	Zip Code
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Work Telephone _____ Cellular Phone _____ E-mail _____

CHILD CARE CHILD INFORMATION FORM –continued

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency/disaster:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

Child's Primary Physician or Source of Health Care _____ Telephone _____

Address _____ Street/Apt. # _____ City _____ State _____ Zip Code _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to MEADOWVIEW REGIONAL MEDICAL CENTER OR NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes Highland Christian School & Daycare to have your child transported to that hospital. Your signature also gives consent for an ambulance to be called when necessary and that you further agree to pay all costs incurred for transport.

Signature of Parent/Guardian _____ **Date** _____

CHILD CARE CHILD INFORMATION FORM –continued

Name of Person Authorized to Pick Up Child (daily) – MUST HAVE I.D. AT TIME OF PICK UP

1. _____
Last First Relationship to Child

Address Street/Apt. # City State Zip Code

2. _____
Last First Relationship to Child

Address Street/Apt. # City State Zip Code

3. _____
Last First Relationship to Child

Address Street/Apt. # City State Zip Code

4. _____
Last First Relationship to Child

Address Street/Apt. # City State Zip Code

5. _____
Last First Relationship to Child

Address Street/Apt. # City State Zip Code

6. _____
Last First Relationship to Child

Address Street/Apt. # City State Zip Code

Name of person(s) with court ordered restricted access to the child

1. _____

2. _____

3. _____

ANNUAL UPDATES _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

CHILD CARE CHILD INFORMATION FORM -continued

INSTRUCTIONS TO PARENT:

- (1) Complete the following items, as appropriate, if your child has a condition(s), which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ **Date of Birth:** _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Management Data:

Allergies/Reactions: Medications/Foods to be avoided and why:	
1.	_____
2.	_____
3.	_____

Procedures to be avoided and why:	
1.	_____
2.	_____
3.	_____

Immunizations

	Dates	Dates	Dates	Dates	Dates		Dates	Dates	Dates	Dates	Dates
DPT						HEP B					
CPV						Varicella					
MMR						TB Status					
HIB						Other					

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for:

(2) If signs/symptoms appear, do this:

(3) To prevent incidents:

I have received an updated copy of the Emergency/Disaster Preparedness Plan for Highland Christian School and Daycare.

Parent or Guardian

Date

CHILD CARE EMERGENCY/DISASTER PREPAREDNESS PARENT INFORMATION FORM FOR REUNIFICATION

This information is to be shared with parents and updated annually.

Name of Provider/Program	Highland Christian School and Daycare	
Program address	734 U.S. 68 Maysville, KY 41056	
Emergency/ Disaster contact at the child care program	Fonda Childers, Administrator Sherry Merrill, Assistant Administrator	
Phone number of emergency/disaster contact	606-563-0444	
Cell phone of emergency/disaster contact (Please do not call cell phone number during non-emergencies; it will not be turned on.)	606-209-3313 Fonda Childers	606-782-0507 Sherry Merrill
In the event the facility/home must be evacuated because of an emergency/disaster, the staff and children will leave the building and gather in the immediate area at	Front parking lot Grassy area to the right of the building	
In the event the facility/home must be evacuated because of an emergency/disaster in the immediate area the children and staff will be transported by Maysville City Bus to	YMCA - Maysville	
The address, phone number, and contact person at the relocation site is	1080 U.S. 68 Maysville, KY 606-564-6772	Patti Clark Program Director
The address, phone number, and contact person of the alternate relocation site (#2) if the first relocation is not accessible, is		
If necessary, children will be transported to this health care facility	Meadowview Regional Medical Center Emergency Room	
Address, phone number, and position title of contact at health care facility	989 Medical Park Drive Maysville, KY 606-759-3197	

* Please see your child care provider if you would like to review the complete emergency/disaster preparedness plan.

CHILD CARE CHILD INFORMATION FORM –continued

THE FOLLOWING ARE EMERGENCY MEDICAL INSTRUCTIONS FOR A CHILD WITH SPECIAL NEEDS

Current Specialty Physician:		Emergency Phone:	
		Fax:	
Current Specialty Physician:		Emergency Phone:	
		Fax:	

Diagnoses/Past Procedures/Physical Exam:	
1.	Synopsis:
2.	Baseline physical findings:
3.	Baseline vital signs:
4.	Baseline neurological status:
Medications:	Significant baseline ancillary findings: (lab, x-ray, ECG)
1.	
2.	
3.	Special Equipment/Prostheses Appliances/Advanced Technology Devices:
4.	
5.	

Antibiotic prophylaxis: Indications: Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements:		
Problem	Suggested Diagnostic Studies	Treatment Considerations

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED:

COMMENTS ON CHILD, FAMILY OR SPECIFIC MEDICAL ISSUES:

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

() _____
Telephone Number