

Kansas Department of Health and Environment
Bureau of Family Health
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Child Care Program: (785) 296-1270 Fax (785) 559-4244
Website: www.kdheks.gov/kidsnet



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license. <u>Little Learners Early Childhood Center, Inc.</u>	License # <u>0061277</u> <u>0073314</u>
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I hereby authorize Christi Eaton and Kim Maples (Name of individual/staff member) and/or
a current staff member (Name of individual/staff member) who is (are) representative(s) of the
above named facility to give consent for any and all necessary emergency medical care for my child or youth _____

_____ (First and Last Name of Child or Youth) while said child or youth is in said facility's
custody between the dates of _____ MM/DD/YYYY and until care is terminated.

Signature of Parent or Guardian	MM/DD/YYYY	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of <u>Kansas</u>	
County of _____	
Signed or attested before me on _____ by _____	
(Seal, if any.)	MM/DD/YYYY Name of Person
Signature of notarial officer	
Title (and Rank)	
My appointment expires: _____	

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? ☐ Yes ☐ No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are 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 _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Work Address _____
Street City Zip Code

Work Address _____
Street City Zip Code

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Names and ages of children in family _____

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? ☐ No ☐ Yes, as follows:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL 010.

_____ Allergies	_____ Frequent sore throats/colds	_____ Ear Aches
_____ Asthma	_____ Speech, Visual, Hearing	_____ Diabetes
_____ Epilepsy/Seizures	_____ Other _____	

If yes answered to any above, please provide additional information _____

Have there been major changes at home that might affect your child in care? ☐ No ☐ Yes, as follows:

Please provide additional information or special instructions that will help the person caring for your child. _____

Parent/Guardian Signature: _____

Date: _____

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____

Date of Birth: _____

First

Last

MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliovirus (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza (Flu) ** Recommended annually >6 mo of age; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(d)].

The following two options are the **ONLY** exemptions allowed by law. Please check either (A) or (B) below and complete as required:

☐ (A) Certification from licensed physician stating that immunization would endanger child's life:
Exempt from following immunizations:

____DTaP/DT ____Tdap/TD ____Pertussis Only ____Polio ____MMR ____HepA ____HepB ____Hib
____PCV ____Varicella ____Other

Physician's Signature (required): _____ Date: _____

☐ (B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ Date: _____

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL 029).

Child's Name _____ Date of Birth _____
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: IN/CM	%ILE	Weight: LB/KG	%ILE
Physical Examination:		If Normal:	If Abnormal: Comments
Head/Ears/Eyes/Nose/Throat			
Teeth			
Cardio/Respiratory			
Abdomen/GI			
Genitalia/Breasts			
Extremities/Joints/Back/Chest			
Skin/Lymph Nodes			
Neurologic & Developmental			
Screening Tests:		Screening Date:	Note Here if Results are Pending or Abnormal
Lead			
Anemia (HGB/HCT)			
Urinalysis (UA)			
Hearing			
Vision			
Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary) <input type="checkbox"/> None			
Signature of Licensed Physician or Nurse approved for Child Health Assessments			Date
Print the Name of the Individual Signing Above			Phone Number
Address		City	Zip Code



Little Learners
Early Childhood Center
Making Memories, Marking Milestones

Child Profile

Child's Full Name:		Nicknames: <small>(Name that you would like your child to be called at school)</small>	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	Date of Birth:	
Address:			
City:	State:	Zip Code:	
Mother's Name:		Phone:	Cell Phone:
Address: (If different from above)			
City:	State:	Zip Code:	
Email Address:			
Mother's Place of Employment:		Occupation:	
Employer's Address:		Work Phone:	
Father's Name:		Phone:	Cell Phone:
Address: (If different from above)			
City:	State:	Zip Code:	
Father's Place of Employment:		Occupation:	
Employer's Address:		Work Phone:	
Email Address:			
May we use your email address(es) for communications from Little Learners? Yes No		May we include your child in our Family Directory to help families plan play dates and birthday parties? Yes No	

Names of Siblings:		Ages of Siblings:	
Parent/Guardian with legal custody:		Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Does anyone else care for your child on a regular basis? If yes, who and relation?			
Previous Child Care Providers and Experience:			
How would you describe your child's overall health?			
Diseases or serious injuries?			
Disabilities?			
Food Allergies:		Medicine Allergies:	
Other Allergies:		Frequent Ear Infections? Frequent Colds?	
Regular Medications:			
How does your child behave when sick?			
Emergency Contacts			
Name:		Phone:	
Name:		Phone:	
Back-up Child Care Provider			
Name:		Phone:	
Name:		Phone:	
Eating Behaviors			
<input type="checkbox"/> Drinks from a cup <input type="checkbox"/> Cup w/lid <input type="checkbox"/> Bottle <input type="checkbox"/> Uses spoon <input type="checkbox"/> Uses fork			
What are your child's eating habits at home?			
What are some of your child's favorite foods?			
What are some of the foods your child dislikes?			

Revised 9/4/2013

Sleeping Behaviors

Does your child sleep through the night? ☐ Yes ☐ No

Does your child take a morning nap? ☐ Yes ☐ No Afternoon nap? ☐ Yes ☐ No

How long does your child nap? Morning _____ Afternoon _____
(Please include approximate times)

Does your child have anything special to sleep with?

What is your child's usual mood upon awakening?

Toilet Habits

Does your child wear? ☐ diapers ☐ pull-ups ☐ underwear

What does your child wear at naptime? ☐ diapers ☐ pull-ups ☐ underwear

Is diaper rash a problem? ☐ Yes ☐ No If yes, what do you use?

Is diarrhea or constipation a problem? ☐ Yes ☐ No If so, please describe?

Is your child toilet trained? ☐ Yes ☐ No Currently training? ☐ Yes ☐ No

Can your child indicate his/her bathroom needs? ☐ Yes ☐ No

Does your child have frequent "accidents"? ☐ Yes ☐ No

What words does your child use for: urination _____ bm's _____

Playing

Does your child enjoy playing alone?	Does your child prefer playing with older, younger, or children of the same age? (circle)
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How does your child get along with other children?

Where does your child prefer to play? ☐ Indoors ☐ Outdoors

Does your child have any fears?

What are some things that make your child angry?

How do you comfort your child?

What are some activities your child likes?

What are some activities your child dislikes?

What are your child's favorite books?

What are your child's favorite toys?

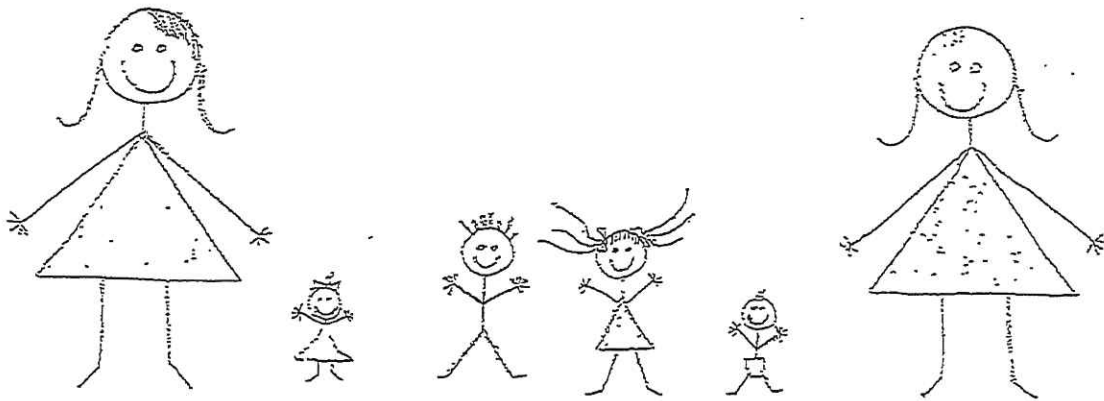
What form of discipline is most often used at home?

Other Information

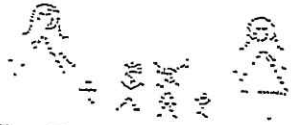
Please describe your child and add any additional information that you feel will help the teachers at Little Learners meet the needs of your child.

How did you hear about Little Learners? (circle all that apply)

Friend/Referral Yellow Pages Sign Web Search Website Newspaper



Revised 9/4/2013



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External Non-Prescription Preparations Form

Child's Name:	Date of Birth:
Height:	Weight:

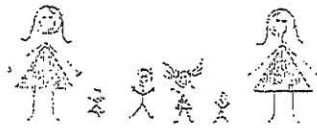
I hereby give the teacher(s) at Little Learners' permission to use or apply one or more of the following external preparations, in accordance with the directions for use on the container. I understand that this form is valid for the entire time my child attends Little Learners. I understand it is my responsibility to request a new form should I wish to change this information.

Product	Yes/No	Comments
Baby Wipes	Yes/No	
Band-aids	Yes/No	
Antibiotic Ointment	Yes/No	
First-aid Spray	Yes/No	
Sunscreen	Yes/No	
Insect Repellent	Yes/No	
Desitin®	Yes/No	
Vaseline®	Yes/No	
Lip Balm	Yes/No	
Hand Lotion	Yes/No	

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of child care services.

Parent's/Guardian's Signature	Date
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Revised 1/8/2008



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Making Memories, Marking Milestones

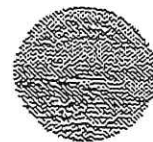
Permission to Photograph

I, _____, give permission for the staff at Little Learners
(parent's/guardian's name)
to photograph my child, _____, for the purposes initialed below:
(child's name)

Type of Use:	Please Circle Where Applicable	
Individual Photographs: I give permission for Little Learners to take individual pictures of my child to be shared with me.	Yes	No
Sharing Individual and Group Photographs: I give permission for my child to be included in <u>group pictures</u> which may be shared with other parents through Little Learners' parent communication app, in scrapbooks, or on classroom and hallway bulletin boards.	Yes	No
I give permission for Little Learners to take <u>individual and group</u> pictures of my child to be shared on social media.	Yes	No
Graduation Slide Show: I give Little Learners permission to include my child's pictures in a slide show that will be shown at Graduation and will be given as a gift to those graduating from Little Learners.	Yes	No
I understand that it is my responsibility to update this form if I wish to change my selections. I agree that this form will remain in effect during the term of my child's enrollment unless updated.		
_____ Parent's/Guardian's Signature	_____ Date	

CCL034
Rev. 9/2003

Kansas Department of Health and Environment
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone 785-296-1270 Fax 785-296-0803
Website: www.kdhe.state.ks.us/kidsnet/



PARENTAL PERMISSION FORM FOR OFF-PREMISE TRIPS

Name of the facility exactly as stated on the license or certificate Little Learners Early Childhood Center INC		License/Certificate # 06127706	
Street Address of the Facility 26121 W Valley Pkwy	City Olathe	Zip Code + 4 66061	County Johnson

First and Last Name of Child or Youth _____ may go to the following locations off the premises with adult supervision:

Place Sidewalk	Street Address 26121 W Valley Pkwy	City Olathe	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Place Parking lot	Street Address 26121 W Valley Pkwy	City Olathe	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Place Building Perimeter	Street Address 26121 W Valley Pkwy	City Olathe	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Place East Bldg	Street Address 26115 W Valley Pkwy	City Olathe	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Place West Bldg	Street Address 26121 W Valley Pkwy	City Olathe	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian			Date Signed	

Waiver and Release for Babysitting Services

PLEASE READ CAREFULLY BEFORE SIGNING.

**THIS IS A RELEASE OF LIABILITY AND
WAIVER OF CERTAIN LEGAL RIGHTS.**

Little Learners Early Childhood Center, Inc. does not promote or sponsor private babysitting services for children outside of any services offered or approved by Little Learners Early Childhood Center, Inc. ("outside babysitting"). The undersigned expressly acknowledge that Little Learners Early Childhood Center, Inc. is not a party to any outside babysitting agreement reached between any parent and/or legal guardian and any individual, including an individual who is currently employed by Little Learners Early Childhood Center, Inc.

The undersigned hereby assume all risks associated with the outside babysitting services provided by any current employee. The undersigned understand that Little Learners Early Childhood Center, Inc. selects and screens its staff members only for its own programs and services. As such, Little Learners Early Childhood Center, Inc. does not make any recommendations, guarantees, warranties, or representations as to any outside babysitting services provided by any of its employees. The undersigned understand any individual providing outside babysitting services is not a representative of, nor an agent for, Little Learners Early Childhood Center, Inc.

I agree that the minor child for whom I am parent or legal guardian shall be bound by this agreement. I hereby release and waive all claims against Little Learners Early Childhood Center, Inc. and its officers and directors, including any and all causes of action and claims for liability whatsoever, whether for personal injury or property damage, arising out of any incident, occurrence, exposure, injury, or damage that occurs in connection with the outside babysitting services described herein, which I or the minor child for whom I am parent or legal guardian can hereby legally waive. If any part of this Agreement is held unenforceable, I agree to be bound by the remaining parts.

Dated: _____

Printed Name of Parent/Guardian

Signature

Printed Name of Parent/Guardian

Signature



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Making Memories, Marking Milestones

Child Pick Up Form

The following people HAVE permission to pick up my child, _____, from Little Learners. (child's name)

Name:	Relation:
Address:	Phone Number:

Name:	Relation:
Address:	Phone Number:

Name:	Relation:
Address:	Phone Number:

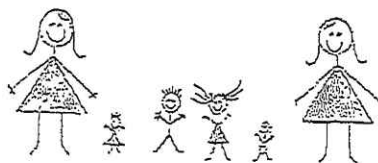
The following people DO NOT have permission to pick up my child, _____.

Name:	Relation:
Address:	Phone Number:

Name:	Relation:
Address:	Phone Number:

Anyone unfamiliar to the teacher(s) at Little Learners will be required to show a photo ID. Under no circumstance will the child be released to anyone other than those listed with permission on this form without written permission from a parent/guardian.

Parent's/Guardian's Signature:	Date
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Little Learners

Early Childhood Center

Making Memories, Marking Milestones

Items to Leave at Little Learners

Please label all personal items in permanent marker.

Preschool Children and Toddlers:

- _____ 2 complete outfits (including shirt, pants/shorts/skirt, under wear, and socks—please be sure to change these outfits out seasonally)
- _____ 1 small blanket (no larger than 40 X 48 to fit in nap tubs)
- _____ 1 small stuffed animal (if needed for nap/rest time)
- _____ Toothbrush (to be replaced in Dec., March, June, and Sept. or more often as needed)
- _____ 4X6 family photo (this might not get returned)

Toddlers (Items above and the items listed below):

- _____ At least one week's supply of diapers
 - _____ At least one week's supply of baby wipes (hypoallergenic)
 - _____ Diapering ointment (if/when needed)
-