

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: \_\_\_\_\_

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



## EpiPen Authorization and Waiver of Liability

Name of Child: Last: \_\_\_\_\_ M.I.: \_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Parent/Guardian Contact Information:

#### Parent/Guardian #1

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Parent/Guardian #2

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact: *(Person to notify if parents cannot be reached)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Allergies:

Please include the severity of reaction, degree of exposure, frequency of reaction and management/treatment of the reaction.

- Drug: \_\_\_\_\_
- Food: \_\_\_\_\_
- Insect Stings/Bites: \_\_\_\_\_
- Seasonal Allergies: \_\_\_\_\_
- Other: \_\_\_\_\_

### Allergy Management and EpiPens:

	YES	NO
Does your child understand his/her allergies and take reasonable precautions to avoid the allergens?		
Does your child carry an EpiPen?		
Does your child know how to administer his/her EpiPen ?		
Is self-medication permitted and recommended for this child?		
Are there any specific storage requirements for this medication?		
If, YES, please explain:		

**Please Read Carefully:**

Medication must be left with the Program Supervisor or his/her designated teacher. It must be in the original container, and be clearly labeled with your child's full name, prescriber's name, directions for administration and expiration date.

I hereby authorize Kids Garden employees and agents on my behalf, to administer or attempt to administer to my child, or allow my child to self-administer the lawfully prescribed EpiPen. I acknowledge that it may be necessary for the epi-pen medication to be administered to my child by an individual who is not a nurse or medical professional, and I specifically consent to such practice. I hereby waive any claim for myself, my heirs, executors, assigns, or personal representative that I might have against Kids Garden, its employees, officials, or agents from and against any and all claims, damages or causes of action arising out of or in any way connected to the self-administration, administration, failure to administer, or attempt to administer epi-pen medication to my child. I further agree to protect, indemnify, defend, and hold harmless Kids Garden, its employees, officials or agents arising out of or in any way connected to the self-administration, administration, failure to administer or attempt to administer medication to my child.

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

**Printed Name:** \_\_\_\_\_



## Media Release Form

Media coverage includes images and videos. Examples of coverage include (but are not limited to) print publications (newspaper, magazines, fliers, brochures, newsletters, displays), audio recordings, videos, photographs, websites, radio, television, and social media (Facebook, Twitter, Instagram, Youtube, etc.)

Granting permission for media coverage includes the opportunity for your child's image to be used in print/marketing material, training material (including training videos) and for use on social media.

Kids Garden has my permission to use my or my child's photograph or video in print/marketing materials, training material including training videos and for use on social media.

I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

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

**Parent/Guardian's Name (print):** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



## Authorization for Medical Treatment

I \_\_\_\_\_(parent name), give my permission for Kids Garden to act on the behalf of my child/children \_\_\_\_\_(name(s)) in the event that medical care is needed. I understand that all efforts will be made to contact the emergency contacts that I have provided.

I understand that Kids Garden does not administer medication. Lifesaving medication such as an EpiPen will be administered with written parental approval.

Parent Name (printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Policy Agreement

I have been informed of Kids Garden Policies, including discipline policies, that are available on the website and are included in the client agreement.

Parent Name (printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_