DEPARTMENT OF HUMAN SERVICES ***CHILD'S FORM***

	NAME OF CHILD	INFORMATION WITH NEXT OF KIN AND EMERGENCY PHONE NUMBERS	ADDRESS & PHONE NUMBER OF DOCTOR	PHYSICAL EXAM OR STATE-MENT OF HEALTH (MUST BE WITHIN THE LAST 12 MO)	PERMISSION TO SECURE EMERGENCY CARE IN CASE OF ACCIDENT OR ILLNESS HEALTH & DENTAL	PERMIS-SION FOR FIELD TRIPS AND NON-CENTER ACTIVITY	ANNUAL PER-MISSION FORMS AS TO PERSONS ALLOWED TO PICK UP THE CHILD	IMMUNIZATION CARD COMPLETED (SEPARATE FROM CHILD'S FILE)	ANNUAL UPDATE OF FILE
1	*Example*: Jane Doe	Yes	Yes	03-04-10	03/01/10	03/01/10	03/01/10	Yes	03/10
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