

Please check the appropriate statement and sign below:

_____ I give Wee Care Childcare and Preschool permission to give medical attention to my child as prescribed by a doctor. Notify me as soon as possible.

_____ I do not give Wee Care Childcare and Preschool permission to give medical attention to my child as prescribed by a doctor until I have been contacted.

Parent\Guardian Signature

Date

My child's doctor is: _____

Phone: _____

Family or friends to notify if my child becomes ill or hurt and I cannot be reached.

I authorize those named below to act on my behalf.

1. Name and relation: _____

Phone: _____

2. Name and relation: _____

Phone: _____

3. Name and relation: _____

Phone: _____

How did you hear about Wee Care?

Getting to know your child

Child's name: _____

Does your child have a nickname? _____

Does your child have siblings? If so, what are their names and ages?

What are your child's sleep\ nap habits?

What is your child's eating habits? Is he/she able to feed himself? Bottle? Baby food?

Does your child have any allergies to foods or medications?

Does your child have any fears?

Are there health conditions that we should be aware of?

Does your child have a pet(s)? If so, what is the pet's name?

Is there anything else we should know that would help us meet the needs of your child more effectively?
