

**CHILD'S APPLICATION FOR ENROLLMENT**

*To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually.*

**CHILD INFORMATION**

Child's Birth Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

**FAMILY INFORMATION**

Child lives with: \_\_\_\_\_

Father/ Guardian's Name: \_\_\_\_\_ Home Number: ( ) \_\_\_\_\_  
Address (if different from child): \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Mother/ Guardian's Name: \_\_\_\_\_ Home Number: ( ) \_\_\_\_\_  
Address (if different from child): \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**CONTACTS:**

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

**HEALTH CARE NEEDS:**

*For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached: Yes\_\_ No\_\_*

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. \_\_\_\_\_

List any particular fears or unique behavior characteristics the child has. \_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child. \_\_\_\_\_

**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.  
Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

# Allergy and Anaphylaxis Emergency Plan

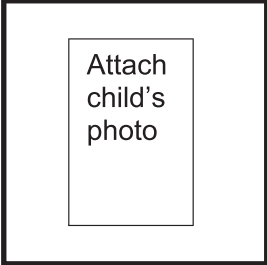


Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Weight: \_\_\_\_\_ kg

Child has allergy to \_\_\_\_\_

- Child has asthma.  Yes  No (If yes, higher chance severe reaction)  
 Child has had anaphylaxis.  Yes  No  
 Child may carry medicine.  Yes  No  
 Child may give him/herself medicine.  Yes  No (If child refuses/is unable to self-treat, an adult must give medicine)



## IMPORTANT REMINDER

**Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

<p><b>For Severe Allergy and Anaphylaxis</b> <b>What to look for</b></p> <p>If child has ANY of these severe symptoms after eating the food or having a sting, <b>give epinephrine.</b></p> <ul style="list-style-type: none"> <li>• Shortness of breath, wheezing, or coughing</li> <li>• Skin color is pale or has a bluish color</li> <li>• Weak pulse</li> <li>• Fainting or dizziness</li> <li>• Tight or hoarse throat</li> <li>• Trouble breathing or swallowing</li> <li>• Swelling of lips or tongue that bother breathing</li> <li>• Vomiting or diarrhea (if severe or combined with other symptoms)</li> <li>• Many hives or redness over body</li> <li>• Feeling of "doom," confusion, altered consciousness, or agitation</li> </ul> <p><input type="checkbox"/> <b>SPECIAL SITUATION:</b> If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, <b>give epinephrine.</b></p>		<p><b>Give epinephrine!</b> <b>What to do</b></p> <ol style="list-style-type: none"> <li>1. Inject epinephrine right away! Note time when epinephrine was given.</li> <li>2. Call 911.             <ul style="list-style-type: none"> <li>• Ask for ambulance with epinephrine.</li> <li>• Tell rescue squad when epinephrine was given.</li> </ul> </li> <li>3. Stay with child and:             <ul style="list-style-type: none"> <li>• Call parents and child's doctor.</li> <li>• Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.</li> <li>• Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.</li> </ul> </li> <li>4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.             <ul style="list-style-type: none"> <li>• Antihistamine</li> <li>• Inhaler/bronchodilator</li> </ul> </li> </ol>
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<p><b>For Mild Allergic Reaction</b> <b>What to look for</b></p> <p>If child has had any mild symptoms, <b>monitor child.</b> Symptoms may include:</p> <ul style="list-style-type: none"> <li>• Itchy nose, sneezing, itchy mouth</li> <li>• A few hives</li> <li>• Mild stomach nausea or discomfort</li> </ul>		<p><b>Monitor child</b> <b>What to do</b></p> <p>Stay with child and:</p> <ul style="list-style-type: none"> <li>• Watch child closely.</li> <li>• Give antihistamine (if prescribed).</li> <li>• Call parents and child's doctor.</li> <li>• If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")</li> </ul>
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## Medicines/Doses

Epinephrine, intramuscular (list type): \_\_\_\_\_ Dose:  0.15 mg  0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): \_\_\_\_\_

Other (for example, inhaler/bronchodilator if child has asthma): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Authorization Signature Date

\_\_\_\_\_  
Physician/HCP Authorization Signature Date

# Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

## Additional Instructions:

## Contacts

Call 911 / Rescue squad: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## HEALTH, SAFETY AND MEDICATION POLICIES

*BRCA Child Development Centers will not provide care for sick children.*

- **Children are required to submit a complete physical signed by their physician/health care provider and an up-to-date immunization record on file within 30 days of enrollment or care will be terminated. BRCA will not accept non-medical exemptions for immunizations. Proof is required for medical exemptions. Head Start physicals must include height/weight, hematocrit or hemoglobin, blood pressure, BMI (body mass index), lead screening, developmental screening, vision and hearing tests. Head Start physicals must occur after a child's third birthday. Contact the Center Director if you need assistance with a physical or immunizations.**
- Children who are ill may not attend the day care center. Children should be kept at home for a fever of 100.4 or higher, diarrhea, persistent coughing, vomiting or unexplained rashes or sores during the previous 24 hours. Parents may be asked to provide a signed note from the child's physician/health care provider stating the child is not contagious or is well enough to return to child care. Staff will follow these exclusions to protect the children and other staff members.
- If a child is unable to participate in indoor or outdoor activities due to illness, he/she should be kept home until sufficient recovery is made. This is required under NC Day Care regulations.
- On severe air quality days, outside play will be limited. Children will not go outside if the temperature is below 32 degree or over 85 degree (see Child Care Weather Watch Chart posted in child's classroom).
- In the event of an injury, staff will administer basic first aid, an accident report will be filled out and parents may be notified. Parents can decide if they want to pick up their child from the center. In the event of a head injury, parents will be called immediately and the child must be picked up from the center within one hour. If a serious medical emergency occurs, EMS will be called and parents will be notified immediately.
- Parents will be notified immediately if a child is identified as having head lice. Children must be picked up from the center within one hour of notification and parents are required to treat the child with a lice treatment before returning to care. Children may not return to school until they have been treated and they are nit-free. A health care provider note may be required before a child can return to school. A health care provider may write a prescription for a stronger treatment than is available over-the-counter.
- Children becoming ill during care will have limited contact with other children. Their parents will be notified of their condition and if the condition warrants and meets exclusion criteria, the parents will be asked to make arrangements for the child to be picked up within an hour of notification. Parents may be asked to provide a physician/health care provider's note before the child can return to the center. For this reason, it is very important to update emergency information, work phone numbers and other changes as they occur.
- Parents of children with chronic health conditions such as diabetes or asthma or children who may need an epipen must fill out an action plan to be used for daily care or in the event of an emergency. This must be completed by the parent and physician and must be signed by both the parent and the physician.
- Parents/guardians will be notified in writing about any confirmed contagious illness in the center. Non-prescription medication (this includes cough drops, sunscreen, chap sticks, etc.) will not be given during child care hours. In recognizing that in some limited cases medicine must be given during school hour, we have the following policy to be used to guide this process:
- If medication is to be given at school, a medication slip will need to be filled out for each prescribed medication.
- Unless otherwise specified by a physician, medicine will be given only once per day between 11:00 a.m.-12:00 p.m. Medications that are given once or twice a day should be given at home.

- Each medication form will have an expiration date. Medication will not be given past that date without a new medication form being signed. No medication will be given after the expiration date on the bottle/container. Any expired medication or any medicine not picked up by the parent within 2 days of the expiration date on the form will be discarded.
- Reviewed by the Head Start Health Advisory Committee – 8/19

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

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_