

ROCHESTER CHILDFIRST NETWORK
STUDENT CONTACT AND ALLERGY INFORMATION

For Office Use: Rec'd by/date _____ Entered by/date _____

Child's Name: _____ Date of Birth: _____ Gender: Male Female

Mother/Guardian's Name _____ S.S. # XXX-XX-_____

Home Address _____ Home # _____

City/St _____ Zip _____ Cell # _____

Email Address _____

Employer _____ Work # _____

Father/Guardian's Name _____ S.S. # XXX-XX-_____

Home Address _____ Home # _____

City/St _____ Zip _____ Cell # _____

Email Address _____

Employer _____ Work # _____

FAMILY STRUCTURE: *(Circle appropriate answer)*

Parent Marital Status: M S D W If separated or divorced, who has legal custody? _____

Are there visitation rights? Y N Is there an Order of Protection? Y N *(If yes, RCN must have a copy on file)*

Exp. Date _____ Against Who? _____

Other Children in the Family	Date of Birth	School/Daycare
_____	_____	_____
_____	_____	_____

Primary Care Physician's Name _____ Phone # _____

Preferred Hospital _____ Phone # _____

Check boxes below to indicate if your child has any special needs/services: None

IEP

Early Intervention/Special Education Occupational Therapy Speech/Language Physical Therapy

ALLERGIES: Does your child have allergies? YES NO *(If yes, please provide details below)*

MEDICAL / PHYSICAL CONDITIONS: *(Please be specific)*

MEDICATIONS: *(List prescription/over the counter medications with dosage.)*

If your child will be taking medications at RCN, please contact the Main office for appropriate Consent Forms.

Medication cannot be dispensed without consent. Ointments must be supplied by the parent/guardian in the original packaging, labeled with the child's first and last name, and written instructions regarding dosage and frequency of use.

RCN has permission to apply the following ointments to my child named above:

- Sunscreen Calamine Lotion Vaseline Hand Lotion Chap Stick
 Diaper Cream Cortisone Antibacterial Ointment
 (non-prescription)
 Other (please specify) _____

Indications for medication and/or special instruction: _____

Possible side effects _____

RCN Center Staff is authorized to apply the designated center sun screen to my child when their personal sun screen is not available. YES NO

DIETARY PREFERENCES: (IE: No pork, no beef, no milk, soy instead of milk, etc. Do not repeat food allergies already listed on the prior page.)

Emergency Contacts and Escorts:

Name & Address	Relationship	Primary Phone #	Secondary Phone #	Lives With	Emergency Contact	Authorized to Pick Up
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AGREEMENTS

- I consent to emergency medical treatment for my child..... Yes No
- I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... Yes No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... Yes No
- I provided information on my child's special needs to the program to assist in caring for my child..... Yes No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... Yes No
- I agree to review and update this information whenever a change occurs and at least once every year..... Yes No

AUDIO/VISUAL RELEASE:

I give permission to Rochester Childfirst Network (RCN) or its' designees to videotape, film or photograph my child. The videos, films or photographs may be used for training or advertisement purposes. I understand that videotapes, films or

photographs of my child taken by RCN or its designees are the property of RCN. I hereby waive the right to compensation for use of the above at any time. RCN may show or exhibit the videotapes, films, or photographs at any time without my prior knowledge or notification. YES NO

Parent/Legal Guardian Signature _____ **Date** _____