



**CHILD CARE EMERGENCY CONTACT INFORMATION AND CONSENT FORM**

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

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

Parent/Guardian #1 Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**EMERGENCY CONTACTS** (to whom child may be released if guardian is unavailable)

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**CHILD'S PREFERRED SOURCES OF MEDICAL CARE**

Physician's name: \_\_\_\_\_

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

Dentist's name: \_\_\_\_\_

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

Hospital name: \_\_\_\_\_

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

Ambulance Service: \_\_\_\_\_

Telephone: \_\_\_\_\_

**(Parents are responsible for all emergency transportation charges)**

**CHILD'S HEALTH INSURANCE**

Insurance Plan: \_\_\_\_\_ ID # \_\_\_\_\_

Subscriber's Name (on insurance card): \_\_\_\_\_

**SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:**

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to **ACT ON MY BEHALF** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

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

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

# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth /      /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
<b><i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i></b>					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted: _____		Weight (must be taken within 30 days for WIC)		_____	
		Height (must be taken within 30 days for WIC)		_____	
		Head Circumference (if <2 Years)		_____	
		Blood Pressure (if ≥3 Years)		_____	
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> <b><i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i></b>					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____		
Signature/Date _____					

# PARENT

## RECEIPT OF INFORMATION:

- Information to Parents Document  
All Policies outlined in Parent Handbook
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media  
Privacy Policy for CCTV usage

*I have read and received a copy of the information/policies listed above.*

Child(ren)'s Name:

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Parent/Guardian's Name:

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Signature

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Date

# Photographs, Videos and Interviews

*(Please sign one)*

I give permission for my child to be photographed, videotaped and/or interviewed for the promotion of New Generation Learning Center. I also give permission for my child's work to be published on any advertising media. This may include and is not limited to New Generation Facebook, Instagram posts, website or any internet or print media. This consent is intended to release all personnel from any claim arising out of the use of such photograph, video and/or interview.

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I give permission for my child's **WORK ONLY**, to be published on any advertising media, I **do not** give permission to post any photos or videos of my child. I understand that my child will be cropped out or hidden in any photos.

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I DO NOT give permission for my child's work, photos or videos to be published on any print or advertising media.

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