Bec

(5) CHILD CARE RECORD

(ONE PER CHILD) Date: _____

Name of Child_____ Sex _____

Nickname_____ Date of Birth _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	10 U.S.C. 3012
PRINCIPAL PURPOSE:	To provide information to child care personnel on any health problem of child in care for and to have necessary information on file to contact parents in case of emergency.
ROUTINE:	Information is furnished to the attending physician by staff personnel when it is necessary for a sick child to be taken to a local medical facility by someone other than the parent. Information on immunization and medical problems will be used as part of the admission screening procedures.
DISCLOSURE:	Disclosure of requested information is voluntary. However, if requested information is not provided, individual will not be accepted for care.

PARENT/GUARDIAN INFORMATION

MILITARY SPONSOR: Relationship to Child_____

Name_____Service/Rank_____/_____

Home Address _____

Home Phone_____ Work Phone_____ Work Hours _____

Work Address _____

Email_____

SPOUSE: Relationship to Child_____

Name_____Service/Rank_____/_____

Home Address _____

Home Phone_____ Work Phone_____ Work Hours_____

Work Address _____

Email_____

EMERGENCY CONTACT OF PERSON (WITH IN A TWO HOUR DRIVE)

1. Name _____Relationship_____

Address _____

Phone _____ Alternate Phone _____

2. Name _____Relationship_____

Address _____

Phone _____ Alternate Phone _____