



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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Immunization Record and Birth Certificate

Please Initial the following and sign at the bottom.

I have included:

A copy of my child's Immunization Record

A copy of my child's Birth Certificate

I have provided a copy of the above documents to Camelback Desert School.

Parent Name _____

Parent Signature _____ Date _____



CAMELBACK DESERT SCHOOLS

RELEASE AUTHORIZATION FORM

Please list below the names of anyone who is authorized by you to pick up your child from school. Please **include yourself**, car pool drivers, relatives (specify spouse, grandparent, sibling, uncle/aunt, etc.), neighbors, friends, employees.

Children's names: _____, _____,
_____, _____.

Parent/Guardian Signature: _____

Please circle one: Preschool Early/Aftercare Both

Authorized Person	Relationship to Child	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please notify the office if there are any deletions or additions to the above list. In case of emergency, your child may be released to someone other than the above named persons by phone authorization and verification.



Camelback Desert Schools
A Nobel Learning Community

Camelback Desert Schools

9606 E. Kalil Drive

Scottsdale, AZ 85260

As many of you know, our preschool is licensed through the Arizona Department of Health Services. Their job is to “ensure the health, safety and well-being of children by establishing appropriate rules, monitoring for compliance and offering technical assistance.”

Students utilizing our before and after care services, at any time, fall into the same category as daycare children and are required to follow the same procedures as such.

All children, regardless of age, are required to be signed in and out of before and after care. Obviously, if you are not here, someone else must sign your child in or out. If a child is in Kindergarten and older, a parent may give written permission for their child to sign for him/herself, or for younger students, the childcare provider may do the signing.

Please sign below **so that in case of any emergency** that requires your child to attend before or after care, you give permission for the attendant or your child to do the signing.

I, _____, give permission for my child(ren), _____
_____ of **Grade Level(s)** _____ to have their day
care provider, or themselves, sign in or out of before care or after care.

Parent Printed Name: _____

Parent Signature _____

Date _____



Swimming & Sunscreen Permission Slip

Please sign and return this note to give permission
for your child to swim.

**INITIAL
BELOW**

1. _____ I give my permission for my child to swim at Camelback Desert School.
2. _____ I give permission for staff to apply sunscreen.
3. _____ I will send sunscreen labeled in permanent marker with my child's first and last name.

Student Name

Parent/Guardian Name

Parent/Guardian Signature

Date