



EAGLES' NEST

SOLON SPRINGS SCHOOL DISTRICT

9243 E. Evergreen Ave. Solon Springs, WI 54873

(715)718-6141

Ahill@solonk12.net

Child's Information:

Child's Name:	_____	Date of Birth:	_____	Sex:	_____
Address:	_____	City:	_____	State:	_____
Mother's Full Name:	_____	Email:	_____		
Mother's Address (If different):	_____				
Home Phone:	_____	Work Phone:	_____	Cell:	_____
Place of Employment:	_____	Call 1st	Hours:	_____	
Father's Full Name:	_____	Email:	_____		
Father's Address (If different):	_____				
Home Phone:	_____	Work Phone:	_____	Cell:	_____
Place of Employment:	_____	Call 1st	Hours:	_____	

Emergency Contacts:

1) Name:	_____	2.) Name:	_____
Relationship to Child:	_____	Relationship to Child:	_____
Phone Number:	_____	Phone Number:	_____

Other Person(s) Authorized to Pick up Child:

1. Name	_____	Relationship:	_____	Phone:	_____
2. Name:	_____	Relationship:	_____	Phone:	_____
3. Name:	_____	Relationship:	_____	Phone:	_____

Child's Health Information and History

Health Insurance:	_____	Group #:	_____	ID#:	_____
Child's Primary Doctor:	_____	Phone:	_____		
Are your Child's immunizations up to date?	Yes	No			
If not up to date, please explain:	_____				

Does your child have any known health problems?	Yes	No			
Does your child get colds/flu often?	Yes	No			
Does your child have any special needs or family service plan?	Yes	No			
Please list any serious prior injuries:	_____				

Check any of the following illnesses the child has had:

Asthma	Earaches	Mumps	Whooping Cough
Bronchitis	Eczema	Pneumonia	Chicken Pox
Frequent Colds	Croup	Convulsions	Measles
Influenza	Rheumatic Fever	Diphtheria	Tonsillitis

Other: _____

Does your child have any known allergies?	Yes	No			
Does your child take any medication on a regular basis?	Yes	No			
If yes, please list the name of the medication(s) and the medical condition for which it is taken:	_____				

Does your child have any speech, hearing or visual problems?	Yes	No			
Has your child ever been tested for the above?	Yes	No			
Please comment on any other medical information/or special needs the child care provider should be aware of:	_____				

Medication and Emergency Care Authorization

I Authorize Eagles' Nest Childcare Center Staff to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross off any item you would prefer not to be used)

Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-aids

Yes No I authorize use of preventive supplies such as sunblock, bug repellent, hand lotion, diaper rash cream, etc.

Yes No I authorize use of pain relievers such as acetaminophen (Tylenol) or ibuprofen.

Yes No I authorize use of children's cough syrup, strips, or cough drops (as appropriate for age).

Yes No I authorize use of children's allergy or cold medicine for runny or stuffy noses.

Yes No I authorize use of children's stomach ache remedies, such as children's Pepto.

NOTE: Basic medications are kept on premises in a locked safe. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to child care center in original prescription bottle.

Comments//Exceptions: _____

Photo Authorization

Photographs and videos are taken on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(es):

I give permission to Eagles' Nest Childcare Center Staff to take photographs/videos of the above named child(ren). Photos used in the classroom only or give to parents as a remembrance of their child's year (including other families in the program).

In Addition:

I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).

I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

I do NOT want any photos/videos taken of my child.

