

## Children's Record

### PARENTS: PLEASE FILL IN ALL BLANKS

Child(ren)'s Name: \_\_\_\_\_ Birthdate(s): \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Updates: \_\_\_\_\_ Date Care Ceased: \_\_\_\_\_

#### Parent or Guardian's Home Address and Employment Address:

##### FATHER (or Guardian):

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

##### MOTHER (or Guardian):

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Person(s) to Whom the Child(ren) may be Released by the Caregiver: (If no one, please write "none")

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot be Reached: (ONE NAME MUST BE GIVEN)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent to Contact Physician in Emergency:**

In the event I cannot be reached to make arrangements, I hereby give my consent to \_\_\_\_\_

Caregiver

to contact Doctor \_\_\_\_\_

Name of Physician

Phone

and, if necessary, take my child(ren) to the

Address

City

following doctor(s), clinics, or hospital \_\_\_\_\_

Signature of Parent/Guardian

Date

**MEDICATION COMPETENCY STATEMENT**

I, \_\_\_\_\_ have determined

Parent /Guardian Name

that \_\_\_\_\_ is/are competent to give or apply medication to my child(ren).

Provider/Director/Staff Name(s)

Signature of Parent/Guardian

Date

**CHILD'S MEDICAL INFORMATION**

Current health status or any health problems caregiver should know: \_\_\_\_\_

Medication, if any: \_\_\_\_\_

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor: \_\_\_\_\_

Special Concerns: (Glasses, Hearing Aid, Crutches) \_\_\_\_\_

Any activities child(ren) should NOT engage in: \_\_\_\_\_

Company providing health and/or accident insurance coverage: (Optional) \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian

Date



## Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:  
<http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx>

### Expectations of Child Care Consumers

**Read** thoroughly all the information your provider gives you.

**Complete** your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

**Supply** your provider with your child's immunization records and keep them updated as needed.

**Sign and date** the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

**Talk** to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

**Contact** Child Care Licensing with any questions or concerns you may have.

Email: [DHHS.ChildCareLicensing@nebraska.gov](mailto:DHHS.ChildCareLicensing@nebraska.gov)

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing  
Department of Health and Human Services  
PO Box 94986  
Lincoln, NE 68509-4986

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**Sign, date and return to your Child Care provider before your child(ren) begin care.  
Your Child Care Provider must retain this receipt for onsite review.**



Child Care Program Name: \_\_\_\_\_

Enrolled Child(ren)' Names: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

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

## Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School-Age Only Center



## Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

## Responsibilities of Licensed Child Care Provider

**Comply** with child care regulations for their license type at all times.

**Obtain and maintain** accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

**Keep** accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

**Allow** access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

**Develop** policies and procedures for their programs.

**Communicate** with families their needs and concerns for the children in care.

**Contact** Child Care Licensing with any questions or concerns they may have.

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**COMPLETE THE OTHER SIDE  
AND RETURN TO  
YOUR CHILD CARE PROVIDER**