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Kansas Department of Health and Environment

Child Care Licensing and Registration Program 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274 Phone: (785) 296-1270 Fax: (785) 296-0803 Website: www.kdheks.gov/kidsnet



MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES AND FAMILY DAY CARE HOMES, INCLUDING PROVIDER'S OWN CHILDREN

Parents are to complete the Medical Record and the History of Immunizations for each child in registered family day care homes or licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility or family day care home.

Child's First Day in Child Care			Name of Child Care Facility			
Child's Name			Date of Birth		Gender	
First			MM/DI	D/YYYY	Y M/F	
Parent/Guardian	Information	า	Parent/Guardian Information			
Name			Name			
Home Address			Home Address			
Street	City	Zip Code				
Home Phone Number			Home Phone Number			
Work Address			Work Address			
Street	City	Zip Code	Street	City	Zip Code	
Work Phone Number			Work Phone Number			
Cell Phone Number			Cell Phone Number			
E-mail Address			E-mail Address			
Best way to contact			Best way to contact			
Names and ages of children in f	amily		-			
Persons authorized to pick up th Attach an additional page, if nec	cessary					
Child's Physician			Phone Number			
Child's Dentist			Phone Number			
1. Has your physician approved cough syrup, or ointments the 2. Does your child have any	ved the use of nat can be give	any non-preson and the child	cription medications for you I care provider?No	r child such as	•	
AllergiesAsthmaEpilepsy/Seizures If yes answered to any abov 3. Have there been major ch	e, please prov	Frequent sore Speech, Visua Other vide additional	throats/colds II, Hearing information		Ear Aches Diabetes as follows:	
A. Please provide additional			-			
Signature of Parent/Guard	lian			Date:		

History of Immunizations

For all children in child care facilities and family day care homes, including the provider's own chil	Idren. A Kansas
Certificate of Immunizations (KCI) may be substituted for this form and attached to the complete	ed Medical Record.

Child's Name:	Date of Birth:					
First	Last MM/DD/Y				IM/DD/Y	
SECTION I.						
Vaccine	Record the Month. Day and Year that each Dose of Vaccine was Received				Received	
	1 st	2 nd	3 rd	4 th	5 th	6 th
DTaP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis)						
Polio						
MMR (Measles, Mumps, and Rubella combined)					•	
HBV (Hepatitis B Vaccine)						
Varicella (Chicken Pox)			Hx of Disease Physician Sign		Date of I	Ilness:
HIB (Hemophilus Influenzae Type B)						
PCV7 (Pneumococcal Conjugate)					_	
HEP A (Hepatitis A)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						
Section II. Complete this section 65-508(d) and K.S.A. 65-519(d)		our child is e	exempted from	the laws requir	ing immuniza	ations [K.S.A.
The following two options are th complete as required:	ne ONLY exe	mptions allowe	ed by law. Pleas	se check either ((A) or (B) bel	ow and
(A) Certification from lice Exempt from following immunization		cian stating t	that immunizat	tion would enda	nger child's l	ife:
DTPPertussis Onl	lyTetan	usPolio	MMR	Rubella Only	Hep A	Hep B
Hib PCV7 Oth					·	
Physician's Signature (require	ed):				Date:	
☐ (B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.						
Section III.						
Parent/Guardian Signature:					Date:	

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Child Health Assessment is optional for children in Registered Family Day Care Homes. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. Any Health Assessment Form should be attached to the KDHE Medical Record Form.

Child's Name	Date of Birth			
Past Health History (Developmental – Illness – Hosp				
Allergies				
Current Medications				
Nutritional Status				
Physical Examination				
Height	Weight			
Head	Abdomen			
EENT	GU			
Teeth	GYN			
Heart	Skeletal			
Lungs	Neurological_			
Screening Tests (Dates Done and Results)				
Vision	TBC. Test			
Hearing	Sickle Cell			
Speech	HGB			
DDST	U.A			
Lead	Other			
Diagnosis:				
Recommendation:				
Do you see this child for regular health supervision:	Yes	No		
Signature of Licensed Physician or Nurse Approved for Child	Health Assessments	Date (MM/DD/YYYY)		
		Phone number		
Print the Name of the Individual Signing Above				
Address of Physician or Nurse	City	Zip Code		