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| FACILITY NAME: |  | | | | | LICENSE # | | |  | | | | DATE: | | |  | | |
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| CHILD’S NAME | | DOB .51A1 | AGE .51A1 | ENROLL DATE .51A1 | | MEDICAL DATE .71A2 | | IMMUNIZ CARD .71A1c | | | Sunscreen.71C1c/  Media .51A11 | | AUTHORIZATIONS | | | | | |
| EMER  MED .71B1 | FIELD  TRIP .51A10 | | | | TRANS  PORT .94E |
| 1. | |  |  |  | |  | |  | | |  | |  |  | | | |  |
| 2. | |  |  |  | |  | |  | | |  | |  |  | | | |  |
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| 11. | |  |  |  | |  | |  | | |  | |  |  | | | |  |
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| Staff Name | Application | DOB .51A1 | Abuse Check 7.701.32 | CBI 7.701.33A1 | Current Medical Evaluation .31A10 | Experience .31C2 | Education Training .32B1 | Current CPR .32A6 | Current F/A .32A6 | Standard Precautions .32A4 | Building and Physical Premises .32A8 | CDPHE Imm. Course .32A9 | Shaken Baby Training .32A10 | FEMA 7.701.100A | Safe Sleep .75G | Child Abuse Training .32A11 | | Home Address .36.B1 | Emerg. Contact .36B5 | Perjury Statement .7.701.8 | Abuse Reporting Form .36B6a | Meds. Admin. 32A7 |
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| Child’s name A | Name of Parent .A3 | Parents employer .A3 | Authorized pick up name .A4 | Emerg. Contact .A4 | Child’s physician .A6 | Child’s dentist .A6 |
| Name of hospital .A6 | Birth date .A | Home address .A3 | Employer address .A3 | Emerg. contact address .A5 | Physician address .A6 | Dentist address .A6 |
| Hospital address .A6 | Current address .A | Home phone .A3 | Employer phone .A3 | Authorized pick-up phone .A4 | Emergency contact phone .A5 | Physician phone .A6 |
| Dentist phone .A6 | Enrollment date .A | Sunscreen .52D1 | TV/Video .A11 | Accidents, injury, illness reports .A9 | Health care plan .A7 | Allergies .A7 |
| Medical concerns .A7 | Medications .A7 | Health info. .A7 |