

ISANTI COUNTY FAMILY SERVICES CHILD FILE

Child's name: _____

Begin date: _____

- Admission and Arrangements** - one per child
(including initial insurance verification)
 - Provider Policy**- one per family
 - Mandated Reporter Form** - one per family
 - Provider Contract** - one per family
- Permission to Administer (non-prescription)** - one per child
 - Immunization Record** - one per child
 - Insurance Notification** - one per family
(to be completed annually after 1st year of enrollment)

OTHER FORMS (as applicable)

- Family Child Care Allergy Information Form** - one per child
 - Physicians Sleep Directive Form** - one per child
 - Swaddling Consent Form** - one per child
 - Rolling Over Form** - one per child
- *Permission to Administer (prescription)** - one per child
 - Travel & Activity Authorization** - one per child
 - Swimming Pool Consent** - must be signed annually
 - Wading Pool Consent** - must be signed annually
- Incident Report** - to be completed immediately following any incident
- Chicken Pox and Shingles case report form** to be completed if needed

Updated 01/13/2020