

ADMISSION RECORD

| | | | |
|---------------|-----|---------------|---------------------------|
| Child's Name | DOB | Sex | Ethnic Background: |
| Father's Name | | Mother's Name | |
| Home Address | | Home Address | |
| Work Address | | Work Address | |
| Work Phone | | Work Phone | |
| Cell Phone | | Cell Phone | |
| Home Phone | | Home Phone | |
| Email Address | | Email Address | |

Emergency Contacts: Names and Addresses of two family friends or relatives who live in Los Alamos and can be contacted when needed.

| | |
|------------|------------|
| Name | Name |
| Home Phone | Home Phone |
| Work Phone | Work Phone |

Date of Admittance: _____

Date of Dismissal: _____

Medical Information

Dates of completed immunizations: (copy of immunization record from Doctor is needed)

| | | | | |
|--------|-----------------|-----------------|-----------------|-----------------|
| D.T.P. | _____ | _____ | _____ | _____ |
| | 1 st | 2 nd | 3 rd | 4 th |
| Polio | _____ | _____ | _____ | _____ |
| | 1 st | 2 nd | 3 rd | 4 th |
| M.M.R. | _____ | _____ | _____ | _____ |
| | 1 st | 2 nd | 3 rd | 4 th |
| HEPB | _____ | _____ | _____ | _____ |
| | 1 st | 2 nd | 3 rd | 4 th |
| HIB | _____ | _____ | _____ | _____ |
| | 1 st | 2 nd | 3 rd | 4 th |
| | _____ | | _____ | |
| | Varicella | | Tine | |

History of childhood diseases:

| | | |
|------------|-------------|----------------|
| _____ | _____ | _____ |
| Measles | Mumps | Whooping cough |
| _____ | _____ | |
| Diphtheria | Chicken pox | |

Other communicable diseases:

ALLERGIES: _____

Permission is granted to call Doctor: _____ in case of need.

Doctor's Phone Number: _____

Parent's or Guardian's signatures:

| | |
|--------------------|--------------------|
| _____ | _____ |
| Father or Guardian | Mother or Guardian |
| _____ | _____ |
| Date | Date |