



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
------------------------------	--------------	----------------------------------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
---	--

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

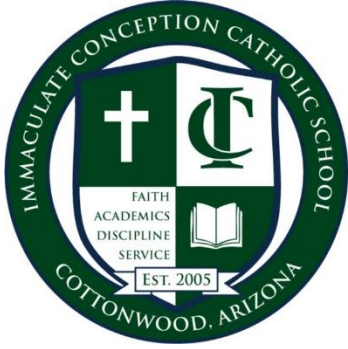
Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------



Immaculate Conception Catholic School
Pre-School / Pre-Kindergarten
Newly Enrolled Student

Name of Student _____ D.O.B. _____ Grade _____

½ or Full Day
Preschool Only

Date Enrolled _____ S.A.I.F. Number _____

Tuition Cost _____

Registration \$ _____ Paid On _____

First Month Tuition \$ _____ Paid On _____

Was Tuition Assistance or Scholarship Received? _____ Amount \$ _____

Name of Father _____

Name of Mother _____

Address: _____

Telephone Number: _____

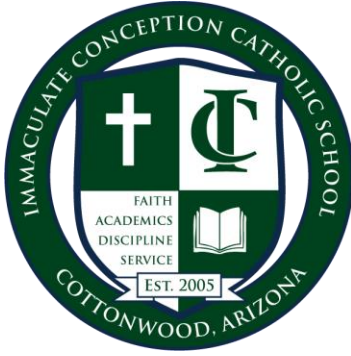
Cellular Telephone: _____

Work Telephone: _____

Office Use

Copy of Registration Check

Copy of 1st months tuition check



Immaculate Conception Catholic School K-8 And Preschool

Health Services

Dear Parent or Guardian:

Welcome to the new school year. Below is a reminder about our illness/emergency care procedure at school. Also included are the policies regarding medicine at school.

ILLNESS/EMERGENCY CARE: School is no place for a sick child. Please do not send your child to school if he/she has diarrhea, vomiting, a fever, rash, deep cough or a communicable disease such as chicken pox, strep throat, pink eye, etc. If you are unsure of your child's symptoms, please call the office before sending him/her to school. If your child has been sick, he/she should be fever and symptom free for 24 hours before returning to school.

Please call the school if your child will be absent regardless of the reason. Upon return to school, please send a note explaining the absence signed by a parent/guardian. All absences must be documented.

You will be notified if your child becomes ill enough to be removed from school, sustains more than a minor injury, or has an emergency. It is the parent's responsibility to make arrangements to pick up an ill or injured child as promptly as possible.

Please make sure you fill out the emergency information sheet so we may contact you in case of emergency. Also please make sure all your contact information stays current throughout the school year.

No medication will be administered by any teacher or staff member of the school to any child during the school day. Since we do not have a full-time nurse on staff, it will be your responsibility to come to the school and give your child medication. We apologize for any inconvenience.

Thank you for the time you have taken to read this information. Your cooperation is always appreciated.