**Medical & Emergency Form**

* Doctor’s Name/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Doctor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Allergies (food/medication/environmental): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any medical conditions we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Permission:**

I authorize the Happy Hands’ teacher(s) to seek emergency medical care for my

child if I cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**🥗 Allergy & Dietary Needs Form**

**Happy Hands In-Home Childcare**

We want to ensure your child’s safety and well-being while in our care. Please complete this form with any allergies, dietary restrictions, or food preferences your child may have.

**Child Information**

* **Child’s Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_
* **Parent/Guardian Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies**

Does your child have any diagnosed allergies?  
☐ No known allergies  
☐ Yes (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of allergy (check all that apply):**  
☐ Food  
☐ Medication  
☐ Environmental (pollen, animals, etc.)  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific allergen(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reaction Symptoms (check all that apply):**  
☐ Rash/Hives  
☐ Swelling  
☐ Trouble breathing  
☐ Stomach upset/vomiting  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment Plan:**  
☐ Benadryl/antihistamine  
☐ EpiPen  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary Restrictions / Preferences**

Please indicate any dietary needs for your child:  
☐ Vegetarian  
☐ Vegan  
☐ No pork  
☐ No beef  
☐ Lactose intolerant  
☐ Gluten free  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional notes about your child’s diet or eating habits:**

**Parent Authorization**

I understand that it is my responsibility to inform Happy Hands childcare of any changes in my child’s allergies or dietary needs. I authorize the provider to follow the plan described above to ensure my child’s safety.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_  
**Provider Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Parent Agreement Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian), have read and agree to follow the policies of Happy Hands In-Home Childcare. I understand the expectations regarding:

* Hours of operation
* Tuition and payment schedule
* Illness policy
* Pick-up and late fees
* Behavior guidance
* Termination policy

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_  
Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Daily Schedule Acknowledgment**

Here’s what a typical day looks like in our care:

* Drop-off & Free Play
* Breakfast/Morning Snack
* Circle Time (songs, stories, learning)
* Outdoor Play/Activities
* Lunch
* Nap/Rest Time
* Afternoon Snack
* Crafts/Play/Learning Centers
* Pick-up

I understand that this schedule is flexible to meet the needs of the children.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Photo/Video Release Form**

I give permission for Happy hands childcare to take photos/videos of my child for:  
☐ Private updates to parents  
☐ Childcare program use (bulletin boards, crafts, keepsakes)

☐ Post on bright wheel app

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_