H. Child's preadmission record

DHR-CDC-739 Revised 1/06

CHILD'S PREADMISSION RECORD

Child's Name:	center).	Name child	is known by:			
	* · · · · · · · · · · · · · · · · · · ·					
Child's birthdate:		Child's hom	e address:	·		
Name(s) of parent(s)/guard	ian(s):	Home teleph	one number:	()		
Address of parent(s)/guardi	an(s):	······································				
Mother's employer:		Father's emp	oloyer:			
Employer's address:		Employer's	address:			
Employer's telephone number	Employer's	Employer's telephone number: ()				
List telephone numbers suc etc.	List telephone numbers such as beeper, cellular phone, etc.			Instructions regarding how parent/guardian may be reached in an emergency:		
		·				
Person(s) to be contacted				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Name	Relationship to cl	hild Add	ress	Telephone number		
Name of child's doctor:	Address:		Telepho	one number:		
Anne of child 5 doctor.	raturos,		()		
Emergency Author				,		
ransportation, for my chi nedical expenses incurred.	ld if I cannot be read (<i>If parent/guardian</i> i	ched immediately. 1	agree to be	eatment, including emerge responsible for any emerge attached stating what proced		
he facility is to follow in an	emergency.)			1		
····						
···· j	Samuel (wighter	Signature		Date		

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Person(s) the child may be released to:				
Name Relations	hip to cl	ild	Address Tele	phone number

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