



Children's File Checklist - SAP

Child's name: _____

DOB: _____ Date Enrolled: _____ M / F

Scheduled Hours/Days: _____

Date checked

- | | | | | |
|---|-------|-------|-------|-------|
| ♦ Health History | _____ | _____ | _____ | _____ |
| <i>including name, address, phone number of parent or adult responsible for child</i> | | | | |
| ♦ EMR (updated yearly) | _____ | _____ | _____ | _____ |
| ♦ Off-Premise Permission | _____ | _____ | _____ | _____ |
| ♦ Immunization Record | _____ | _____ | _____ | _____ |
| ♦ Exception from Immunization | _____ | _____ | _____ | _____ |
| ♦ Written Permission for Administering Medication | _____ | _____ | _____ | _____ |

****Return old forms to parents when updated forms are received****