



CDC/SGH# or name: 4248

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

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

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

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

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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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](http://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**

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
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 If yes, list precautions:
Additional comments:
Other special instructions:

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:

# Beautiful Savior Academy

## CONFIDENTIALITY AGREEMENT

I understand that should I choose to volunteer my time with Beautiful Savior Academy, I may become aware of confidential information about specific students. This may include such information as a students' academic performance, behavior, health, disabilities and related matters. I understand and agree that I will not disclose such confidential information except to school employees who have a need to know.

I have read, understand, and agree to the information presented above:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

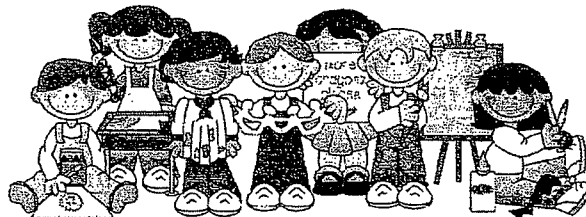
Signature: \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO RELEASE

I give permission to Beautiful Savior Academy to use photos of my child, \_\_\_\_\_, which were taken while he/she was involved in school activities. These photos may be used in church bulletins, newsletters or on the academy/church website and social media pages. **No names of the children will be published.**

I do not give permission to Beautiful Savior Academy to use photos of my child, \_\_\_\_\_, for any reason.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# Beautiful Savior Academy

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## ALL ABOUT ME

This form helps us learn a little bit more about your child  
and better understand his/her individual needs!

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Student's name: \_\_\_\_\_

Nickname: \_\_\_\_\_

I live with my:  Mother  Father  Both  Other: \_\_\_\_\_

What does your child enjoy - what are his/her strengths:

What things does your child dislike - what areas does he/she need extra support:

Please tell us about any previous group experiences or activities (daycare, preschool, always cared for at home):

Please explain any allergies or medical issues that we should be aware of:

Please list any developmental delays or diagnoses that your child may have (speech delays, social/emotional issues, vision/hearing impairments, motor skills, etc). If yes, does he/she receive supportive services or therapies at this time?

We believe in a team approach to education, acknowledging that you are your child's first teacher. Is there anything else that you feel we should know that will help us better work with your child?