MEDICAL HISTORY

CHILD'S NAME	
BIRTHDATE	
LAST PHYSICAL EXAMINATION	
ILLNESSES: (PLEASE CIRCLE) **DOES YOUR CHILD HAVE ANY PROBLEMS WITH ANY OF THESE?** **HAS YOUR CHILD HAD ANY OF THESE DISEASES?**	CONSTIPATION ASTHMA CONVULSIONS BRONCHITIS CHICKEN POX DIARRHEA DIABETES FAINTING SPELLS FREQUENT COLDS HEART DISEASE FREQUENT EAR INFECTIONS HEPATITIS FREQUENT SORE THROATS IMPETIGO LICE MEASLES RINGWORM MUMPS SKIN RASH GERMAN MEASLES SOILING POLIO STOMACH UPSETS SCARLET FEVER URINARY PROBLEM TUBERCULOSIS WORMS WHOOPING COUGH
OTHER ILLNESSES?	
HAS YOUR CHILD BEEN HOSPITALIZED? (EXPLAIN)	
HAS YOUR CHILD HAD INJURIES WITH FRACTURES OR LOSS OF CONSCIOUSNESS? (EXPLAIN)	
LAST VISION TEST DATE	
LAST HEARING TEST DATE	
LAST DENTIST VISIT DATE	
ANY OTHER MEMBERS OF YOUR FAMILY WITH SERIOUS ILLNESS RECENTLY?	
ANY OTHER MEMBERS OF YOUR FAMILY POSSESS HISTORY OF THE FOLLOWING? (CIRCLE EACH APPLICABLE)	ASTHMA DIABETES EPILEPSY

ABOUT YOUR CHILD

WHAT FOODS DOES YOUR CHILD ESPECIALLY LIKE?	
ESPECIALLY DISLIKE?	
FAVORITE TOYS, GAMES, ACTIVITIES?	
IS YOUR CHILD TOILET TRAINED	
WHAT WORDS DOES YOUR CHILD USE FOR TOILET?	
HOW DOES YOUR CHILD EXPRESS ANGER OR FRUSTRATION?	
DOES YOUR CHILD HAVE ANY SPECIAL FEARS? (EXPLAIN)	
WHEN YOUR CHILD IS UPSET, WHAT HELPS TO COMFORT HIM/HER?	
HOW DO YOU DISCIPLINE YOUR CHILD?	
HAS YOUR CHILD BEEN TAKING AN AFTERNOON NAP?	
SPECIAL TOY OR BLANKET FOR NAP	
SPECIAL FAMILY SITUATIONS? (SUCH AS CUSTODY SPECIFICATIONS, PROBLEMS ARISING FROM SITUATIONS, ETC)	
ANTICIPATED ADJUSTMENT PROBLEMS	
ANY DISORDERS/DEVELOPMENTAL (SLOW, ADVANCED -DIAGNOSED OR SUSPECTED)	
PREVIOUS CHILDCARE CHILD HAS ATTENDED	
ANY PROBLEMS AT PREVIOUS DAYCARES	
EXPECTATIONS OF DAY CARE HOME	
OTHER COMMENTS	

ACCIDENT REPORT

CHILD'S NAME		NAME OF PARENT	
DATE ACCIDENT OCCURRED		WAS PARENT CONTACTED?	
TIME ACCIDENT OCCURRED		HOW WAS PARENT CONTACTED?	
WHAT WAS INJURED AND WHERE?		WHO CONTACTED PARENT?	
DESCRIPTION OF INCIDENT		DID PARENT HAVE ANY SPECIAL REQUESTS AS TO ANY ACTION	
FIRST AID USED		TIME PARENT WAS CONTACTED	
ADDITIONAL INFORMATION			
PROVIDER SIGNATURE			
DATE			
PARENT SIGNATURE			
DATE			

CHILD PICK-UP AUTHORIZATION FORM

CHILD'S NAME	
NAME OF PARENT	
PRIMARY PICK-UP PERSON **ADDRESS** **CONTACT NUMBER**	
SECONDARY PICK-UP PERSON **ADDRESS** **CONTACT NUMBER**	
SECONDARY PICK-UP PERSON **ADDRESS** **CONTACT NUMBER**	
SECONDARY PRIMARY PICK-UP PERSON **ADDRESS** **CONTACT NUMBER**	
SECONDARY PICK-UP PERSON **ADDRESS** **CONTACT NUMBER**	
ANY PERSON(S) NOT AUTHORIZED TO PICK UP MY CHILD/CHILDREN	
NOTE: ANY PERSON UNFAMILIAR TO LLA STAFF WILL BE REQUIRED TO SHOW PROOF OF IDENTIFICATION. UNDER NO CIRCUMSTANCES WILL THE CHILD BE RELEASED TO ANYONE OTHER THAN THOSE LISTED ABOVE WITHOUT WRITTEN PERMISSION FROM THE PARENT	
PROVIDER SIGNATURE	
DATE	
PARENT SIGNATURE	
DATE	

MY DAILY LEADER REPORT

CHILD'S NAME		NAME OF TEACHER	
DATE			
HOW DID I EAT?		WHAT DID I EAT?	
BREAKFAST	NONE SOME MOST ALL	AM SNACK	NONE SOME MOST ALL
LUNCH	NONE SOME MOST ALL	PM SNACK	NONE SOME MOST ALL
DINNER	NONE SOME MOST ALL	NAP TIME	_____ UNTIL _____
BEHAVIOR	GREEN / YELLOW / RED / GREY / BLACK		
WHAT DID I LEARN?			
SPECIAL NOTES FOR MOMMY & DADDY			
TEACHER SIGNATURE			
DATE			
PARENT SIGNATURE			
DATE			

REQUEST FOR ADMINISTRATION OF MEDICATION

PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICINE, VITAMIN, FOOD SUPPLEMENT OR MODIFIED DIET			
NAME OF CHILD		IS UNDER CARE AND SHOULD RECEIVE (NAME OF MEDICINE OR MODIFIED DIET)	
TIME(S) TO BE GIVEN (FREQUENCY)		DOSAGE (AS FOLLOWS)	
SPECIFIC INSTRUCTIONS (FOR ADMINISTRATION)		EXPIRATION DATE (MAY NOT EXCEED SIX MONTHS FROM DATE OF THIS REQUEST, IF PRESCRIBING MEDICATION OR FOOD SUPPLEMENT)	
POSSIBLE SIDE EFFECTS			
ONLY PRESCRIPTIONS FROM A PHARMACY IN ORIGINAL PACKAGING WIL BE ADMINISTERED I HEREBY REQUEST AND GIVE PERMISSION TO LLA TO ADMINISTER THE ABOVE MEDICATION, VITAMIN, OR SPECIAL DIET TO MY CHILD			
PARENT SIGNATURE			
DATE			
I HEREBY GRANT PERMISSION FOR LLA TO ADMINISTER OVER THE COUNTER PRESCRIPTIONS MAY BE ADMINISTERED BASED ON PRE-DETERMINDED DOSAGES AS INDICATED ON THE PACKAGING	***INITIAL BELOW TO AUTHORIZE OVER THE COUNTER ADMINISTRATION***		

MEDICATION GIVEN BY LLA		
DATE OF DOSAGE	AMOUNT OF DOSAGE	SIGNATURE

ACADEMY FIRE DRILL SAFETY REPORT

YEAR	2016
FACILITY	LITTLE LEADERS' ACADEMY OF ARTS
ADDRESS	330 LYNHURST DRIVE ATLANTA, GA 30311
COUNTY	FULTON

DRILLS ARE TO BE SCHEDULED AT RANDOM AS NOT TO DEVELOP A CONSISTENT PATTERN.

FIRE EXIT DRILLS SHALL BE CONDUCTED AT LEAST ONCE (1) PER MONTH.

ORDERLY AND WELL-EXECUTED FIRE DRILLS MAY BE THE MEANS OF SAVING LIVES.

OCCASIONALLY AND EXIT SHOULD BE BLOCKED TO PROVIDE A MEANS OF USING ALTERNATE EXITS.

ALL EXIT DOORS AND MEANS OF EGRESS SHALL BE KEPT UNBLOCKED AND UNLOCKED / UNFASTENED DURING BUILDING OCCUPANCY

DATE OF DRILL	TIME OF DAY	# CHILDREN	BLOCKED EXITS	NOTES
SIGNATURE OF DIRECTOR				
DATE				