MSDE-OCC Required Paperwork

_"A Parent's Guide to Regulated Child Care"

____ All About My Child form

Center: _____ Center: _____ Name of Child: _____ Name of Child: _____ MSDE-OCC Health Inventory/ Compliance Form MSDE-OCC Health Inventory/ Compliance Form • Part 1 - completed, signed, & dated • Part 1 - completed, signed, & dated • Part 2 - w/ doctor's signature/stamp & date • Part 2 - w/ doctor's signature/stamp & date DHMH Blood Lead Testing Certificate DHMH Blood Lead Testing Certificate DHMH Immunization Certificate ____ DHMH Immunization Certificate ____ Medical Alert Form ____ Medical Alert Form ____ Medication Administration Forms (if applicable) ____ Medication Administration Forms (if applicable) ____ Allergy/Asthma/Seizure/Special Health ____ Allergy/Asthma/Seizure/Special Health Condition Forms (if applicable) Condition Forms (if applicable) Topical Product Authorization Form Topical Product Authorization Form ____ Emergency Form (Updated Annually) ____ Emergency Form (Updated Annually) • Located in Center Emergency Binder(s) • Located in Center Emergency Binder(s) • All sections complete; signed & dated • All sections complete; signed & dated _"A Parent's Guide to Regulated Child Care" _"A Parent's Guide to Regulated Child Care" ____ All About My Child form ____ All About My Child form **MSDE-OCC Required Paperwork MSDE-OCC Required Paperwork** Center: _____ Center: Name of Child: Name of Child: __ MSDE-OCC Health Inventory/ Compliance Form ____ MSDE-OCC Health Inventory/ Compliance Form • Part 1 – completed, signed, & dated • Part 1 – completed, signed, & dated • Part 2 – w/ doctor's signature/stamp & date • Part 2 – w/ doctor's signature/stamp & date DHMH Blood Lead Testing Certificate DHMH Blood Lead Testing Certificate ____ DHMH Immunization Certificate DHMH Immunization Certificate ____ Medical Alert Form ____ Medical Alert Form ____ Medication Administration Forms (if applicable) ____ Medication Administration Forms (if applicable) ____ Allergy/Asthma/Seizure/Special Health ____ Allergy/Asthma/Seizure/Special Health Condition Forms (if applicable) Condition Forms (if applicable) ____ Topical Product Authorization Form ____ Topical Product Authorization Form ____ Emergency Form (Updated Annually) ____ Emergency Form (Updated Annually) • Located in Center Emergency Binder(s) • Located in Center Emergency Binder(s) • All sections complete; signed & dated • All sections complete; signed & dated

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