



Lawrence · Douglas County

PUBLIC HEALTH

Advancing Health for All

Children's File Checklist - Center

Child's name: _____

DOB: _____ Date Enrolled: _____ M / F

Scheduled Hours/Days: _____

	<u>Date checked</u>			
EMR (updated yearly)	_____	_____	_____	_____
Medical Record	_____	_____	_____	_____
Immunization Record	_____	_____	_____	_____
Exception from Immunization	_____	_____	_____	_____
Child Health Assessment	_____	_____	_____	_____
Off-Premise Permission	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Return old forms to parents when updated forms are received