

Child Name:		DOB:	Enrollment Date:
<b>Licensing Forms</b>			
1	LIC 700: Identification and Emergency Information		
2	LIC 702: Child's Preadmission Health History		
3	LIC 701: Physician's Report- must have BOTH physician's stamp and signature <i>Completion date:</i> _____		
4	LIC 627: Consent for Medical Treatment		
5	Copy of Immunization Record		
6	PM 286 : Blue Copy of California School Immunization Records <b>(completed by LFP Staff Only)</b>		
7	LIC 613A: Personal Rights (Receipts, signed, and Dated)		
8	LIC 995: Signed and dated receipt of Notification of Parent's rights		
9	OTC Medication Forms (#8 on Over the counter medication form for OTC such as sunscreen, diaper cream, hydrocoritson, etc.)		
10	Prescribed Medication Form (only if applicable) *must have doctor's note and original packaging when given to LFP staff)		
11			
12			
<b>If applicable:</b>			
	LIC 9224: Acknowledgement of receipt of licensing reports		
	LIC 701A: Gastrostomy Tube Care: Physician's Checklist		
	Documentation required for health-related services (e.g., blood-glucose monitoring and nebulizer care LIC 9166).		
	LIC 624: Unusual Incident/ Injury Report		
	Document of unusual behavior or signs of illness, special needs		
	LIC 622: Centrally Stored Medication and Destruction Record <b>(completed by LFP staff only)</b>		
<b>LFP Forms</b>			
1	Parent Handbook Acknowledgment Form		
2	Field Trip Permission Form		
3	Photo, Video and Audio Consent Form		
4	Hearing, Dental, Vision and Nutrition Screening Consent Form		
5	Supplemental Form		
6	ASQ-3		
7	ASQ-SE		
8	PTC Summary <b>(completed by LFP Staff only)</b>		
9	Edgewood Consulation Form		
10	Help me Grow Consent Form		
11			
12			
13			
<b>If applicable:</b>			
	Toothbrushing Permission Form		
	IEP		