



# Early On® Macomb Record Keeping Binder



This binder was put together to help families organize their child's records and keep all of their valuable information in one place. It is also intended to give families a starting place to record information about your child that can be relayed to caregivers. *(Each page can be placed in a sheet protector and stored in a three ring binder.)*

# Emergency Contact Information

## Emergency Phone Numbers

\_\_\_\_\_ Emergency/Fire - 911  
\_\_\_\_\_ Poison Control Center - 1-800-poison1  
\_\_\_\_\_ Doctor's Office - \_\_\_\_\_  
\_\_\_\_\_ "After Hours" # - \_\_\_\_\_

## Emergency Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Doctor's Name & Phone #: \_\_\_\_\_

Insurance Company & Policy #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

\_\_\_\_\_

Medical Condition: \_\_\_\_\_

\_\_\_\_\_

Allergies (food/medication/environmental): \_\_\_\_\_

\_\_\_\_\_

Other Things to Note: \_\_\_\_\_

\_\_\_\_\_

See sample of "Medical Treatment Authorization for a Minor" note  
behind this page!

**MEDICAL TREATMENT AUTHORIZATION FOR A MINOR**

We, the undersigned parents, hereby grant \_\_\_\_\_

of \_\_\_\_\_ the authority to obtain medical treatment

for the following child(ren):

Name of child: \_\_\_\_\_

Birthdate: \_\_\_\_\_

The above care provider(s) shall have the authorization to:

- obtain medical treatment and procedures for the child(ren) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.
- obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.).

In case of an emergency, the care provider(s) should first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should then contact the following person(s): \_\_\_\_\_

\_\_\_\_\_

The care provider(s) may provide the physician and other health care providers with the following health insurance information:

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

\_\_\_\_\_  
PRINT Parent Name

\_\_\_\_\_  
SIGNATURE of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Parent Name

\_\_\_\_\_  
SIGNATURE of Parent

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

# **Final Checklist for Medical Treatment Authorization for a Minor**

## **Make It Official**

\_\_\_\_\_ The Medical Treatment Authorization for a Minor document should be signed, but it is not necessary that the signature be witnessed or notarized.

## **Copies**

\_\_\_\_\_ Provide the original copy of the authorization to the care provider.

\_\_\_\_\_ Keep one copy of the authorization for your records.

## **Reasons to Update**

- \* To change the care provider.
- \* To add or remove the name of a child.
- \* To change the care providers level of authorization.

## **Disclaimer**

*This form is provided in a suggested format. We do not guarantee that it would necessarily be accepted for medical treatment of your child(ren) in your absence. Its completion by you would at least provide some information for the caregivers with whom your child is staying in your absence if those caregivers need to seek emergency medical treatment for your child(ren).*



# All About Me

The sparkle in my eyes

I laugh when \_\_\_\_\_  
\_\_\_\_\_.

When I want attention I \_\_\_\_\_  
\_\_\_\_\_.

When I'm hungry I \_\_\_\_\_  
\_\_\_\_\_.

When I want to play I \_\_\_\_\_  
\_\_\_\_\_.

When I'm sleepy I \_\_\_\_\_  
\_\_\_\_\_.

When I'm mad I \_\_\_\_\_  
\_\_\_\_\_.

When I'm happy I \_\_\_\_\_  
\_\_\_\_\_.

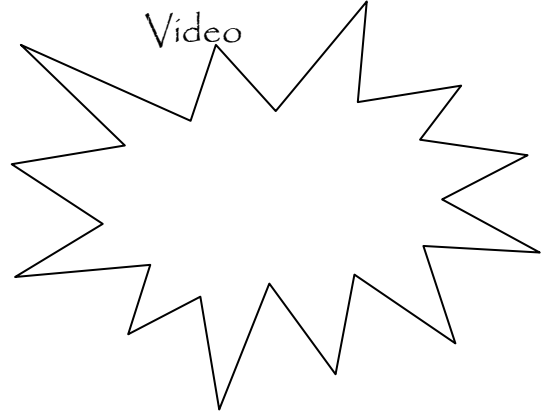
# All About Me

These are a few of my favorite things

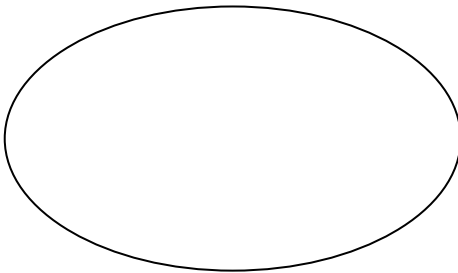
Time of Day



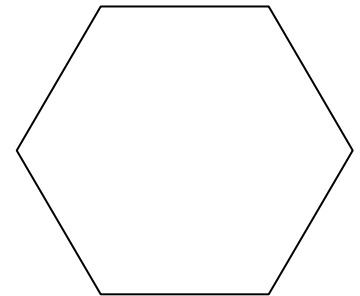
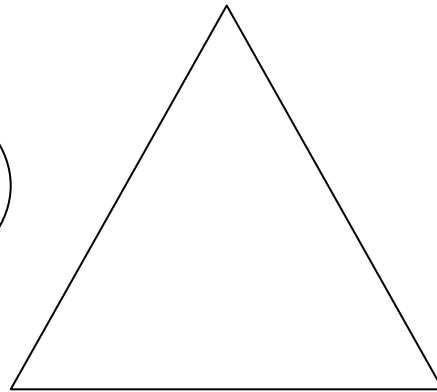
Video



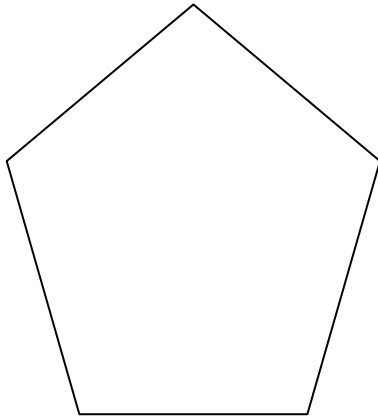
Friends



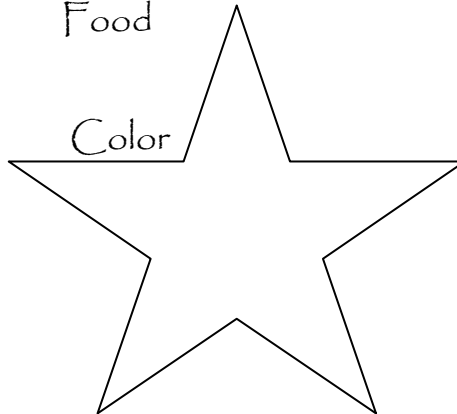
Games



Food

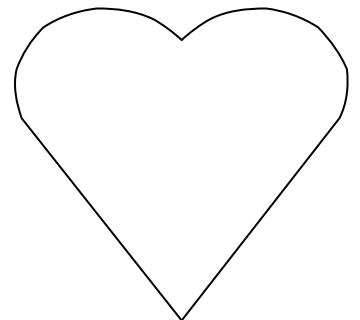


Color

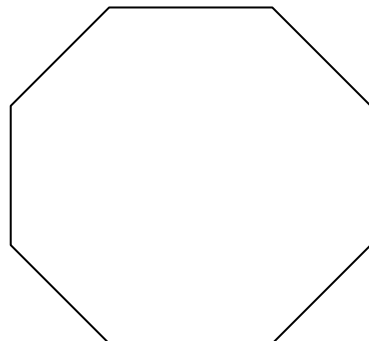


Place to Visit

Babysitter



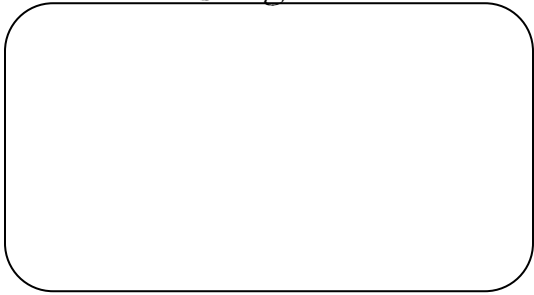
Ways to be carried



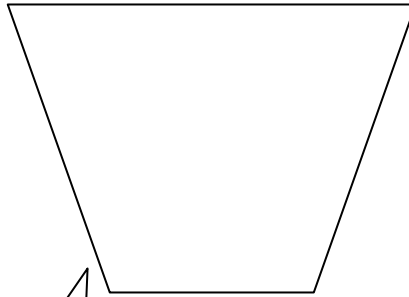
# All About Me

These are more of my favorite things

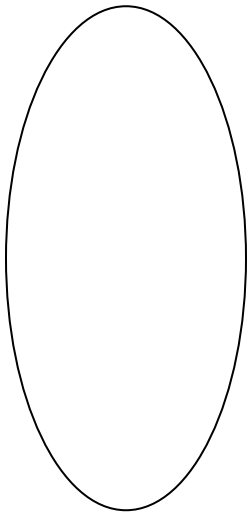
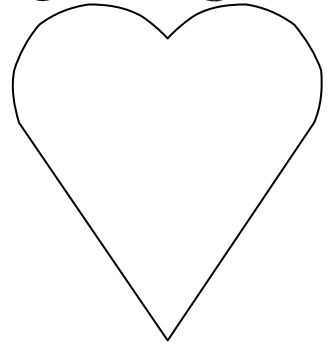
Songs



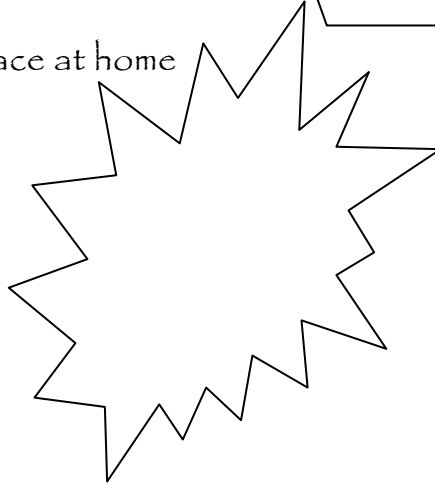
Most ticklish spot



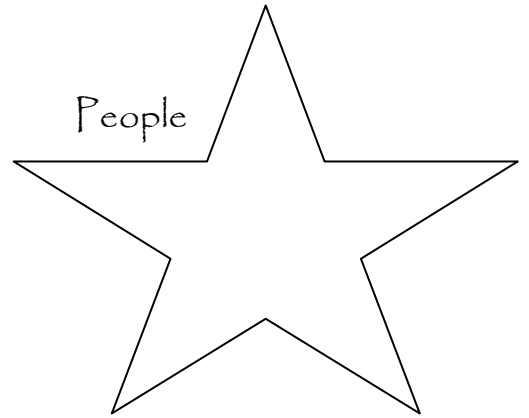
Clothes & Shoes



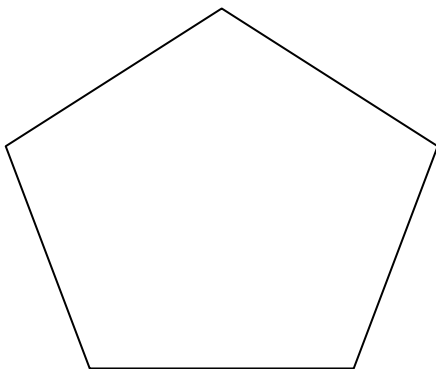
Place at home



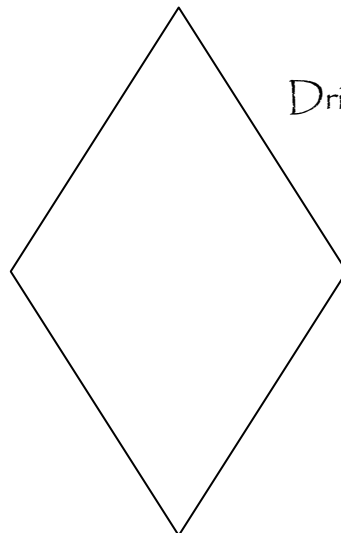
People



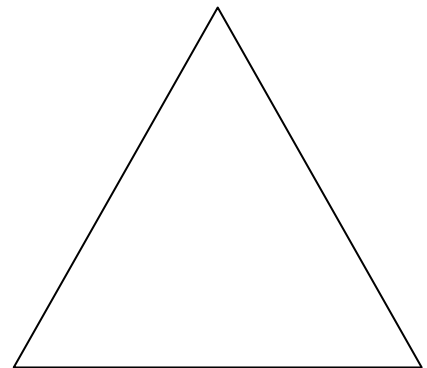
Toys & stuffed animals



Drink



TV shows



Books



# Birth Certificate

# Social Security Card

# Fingerprint Kit

# Immunization Records

# Hearing/Vision Reports

# School Records

- IFSP/IEP

# School Records

- Report Cards/Progress Reports

# School Records

- Evaluation Reports



# Medical Insurance Card(s)

# My Daily Medical Routines

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Equipment | use: \_\_\_\_\_

---

---

---

Medical Procedures: \_\_\_\_\_

---

---

---

Medical Routines: \_\_\_\_\_

---

---

---

Therapy Routines: \_\_\_\_\_

---

---

---

How we make these times special: (with music, toys, favorite food, etc.)

---

---

---

---



# Goals/Plans

# Letter of Intent

# Fun Stuff/Special Projects