



Benton County Human Services

531 Dewey Street P.O. Box 740, Foley, MN 56329 | bentoncountymn.gov
320-968-5087 Main | 320-968-5330 Fax | 320-968-8842 TDD

Checklist for Children's Records

Records for: _____
(Child's Name)

	<u>COMPLETED</u>				
FORM:	2026	2027	2028	2029	2030
*Permission to Administer Form					
*FCC Admission & Arrangements-DHS 7776 – <i>ensure all sections are filled out.</i>					
*Immunization Record					
*Liability Insurance Notice to Parent/Guardian - <i>annually if no insurance or a change in insurance.</i>					
*FCC Supplemental Form (optional)					
*Contract/Policy/Grievance					
FORMS GIVEN TO PARENTS:					
*Maltreatment of Minors Mandated Reporting-DHS 7634C					
*Rule Summary					
PERMISSION FORMS: (If applicable)					
*Wading/Swimming Pool Consent-DHS 7749C (Annually)					
*Transportation/Field Trip Authorization					
OTHER: (if applicable)					
*FCC Allergy Information-DHS 7736					
*Physician Directive for the Alternative Infant Sleep Position-DHS 7216 (INFANT ONLY)					
*Swaddling Consent for an Infant-DHS 7218 (INFANT ONLY)					
*Infant Rolling Over Parent Statement-DHS 7219 (INFANT ONLY) Submit copy to BCHS also					
• Helmet or Cradleboard form – <i>rarely used</i>					