

AF FORM 1181

The Child-Care Permanent Record is maintained at the center and should be updated quarterly by parents. The name of an emergency contact person with home phone and duty phone (if applicable) should be listed on AF Form 1181. The emergency contact should be informed that they have been designated. Either parent's signature authorizes medical treatment, defined as measure necessary to protect your child in a life-threatening situation. Health concerns or other information considered critical should be annotated on AF Form 1181.

- The AF Form 1181 is maintained at the center for ready reference in the event of an accident, emergency or illness. The importance of accurately completing and regularly updating AF Form 1181 cannot be over emphasized. According to guidelines outlined under IAW AFI 34-248 for Child Development Programs, the Child Development Center is prohibited from admitting any child without a completed AF Form 1181. Any information provided by you on AF Form 1181 is protected by the Privacy Act. A copy of AF Form 357, Family Care Plan, if required, must also be completed and updated annually for your child(ren).
- All children must be signed in and out on the AF Form 1182 at the front desk and on AF Form 1930 in the child's classroom by parents or their appointees each time they attend the center. To ensure every child's safety, only parents or their designee may remove a child from the center. Children will not be released to siblings or other children under the age of 14. Identification will be required of all persons when picking up children, unless that person is known and recognized by the front desk and care giving staff.
- Children may not be left at the center for more than ten consecutive hours without a letter from the sponsor's commander. In the event children are left at the center after operating hours, every attempt will be made to contact the parents or the emergency contact by phone. If attempts are unsuccessful, the sponsor's unit will be contacted. As a last resort, security forces will be contacted for assistance in locating the parents or for temporary placement for the child(ren).
- Patrons can be denied child development program services. Examples of reasonable grounds for denial include (but are not limited to) failure to follow child development program rules and policies, inappropriate guidance techniques while at the center, rudeness to child development personnel, inappropriate language, continued tardiness on payments and continued tardiness when picking up children. The Support Group Commander must approve termination of services.

AIR FORCE YOUTH FLIGHT PROGRAM PATRON REGISTRATION

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013; 44 USC 3101; EO 9397

PRINCIPAL PURPOSES: To provide Youth Flight Programs with authorization for medical treatment in emergency situations; authorization for field trips; identify children and sponsor, record required immunizations; record known allergies; record income data; record special needs requirements; and record special instructions.

ROUTINE USES: Form may be furnished to civilian doctors or hospitals in course of obtaining emergency medical attention for children. Information furnished may be disclosed, upon request, to other Federal, state or local governmental agencies in the pursuit of their official duties. Finally, it may be used for other lawful purposes including law enforcement and litigation.

DISCLOSURE IS VOLUNTARY: Failure to furnish information, including SSN, will result in denial of admission of child(ren) to Youth Flight Programs. SSN is used for positive identification of individuals and records.

CHILD'S NAME		SPONSOR (Last, First, Middle Initial)				SPOUSE (Last, First, Middle Initial)				FEES			
HOME PHONE/ CELL PHONE		RANK/GRADE				RANK/GRADE				DEROS/ID EXPIRES			
ADDRESS		DUTY PHONE/ CELL PHONE				DUTY PHONE/ CELL PHONE				BRANCH OF SERVICES			
		ORGANIZATION				EMERGENCY CONTACT NAME				EMERGENCY PHONE			
MARITAL STATUS		SPONSOR'S SSN				SPOUSE'S SSN				HOSPITAL PHONE			
										PHYSICIAN'S NAME			
VACCINE / DATE RECEIVED	BIRTH	2 MOS	4 MOS	6 MOS	12 MOS	15 MOS	18 MOS	4-6 MOS	11-12 MOS	14-16 MOS	SEX (X One)	MALE	DATE OF BIRTH (Day, Month, Year)
												FEMALE	
Hepatitis B 1st	Hep B-1										I authorize emergency treatment for the children named hereon:		
2nd													
3rd	Hep B-2		Hep B-2						Hep B				
4th													
Diphtheria-Tetanus, Pertussis 1st											SIGNATURE		DATE (YYYYMMDD)
2nd											SPECIAL INSTRUCTIONS		
3rd	DTP	DTP	DTP	DTP				DTP OR DTAP	Td				
4th													
5th													
6th													
H. Influenzane type b 1st											SPECIAL NEEDS CARE /CHRONIC ILLNESSES /ALLERGIES		
2nd													
3rd	Hib	Hib	Hib	Hib									
4th													
Polio 1st											ADULTS AUTHORIZED TO SIGN CHILDREN IN / OUT		
2nd													
3rd	OPV	OPV	OPV					OPV					
4th													
Measles, Mumps, Rubella 1st											AUTHORIZED FOR FIELD TRIPS		
2nd													
Varicella Zoster Virus Vaccine 1st													
2nd													
OTHER IMMUNIZATIONS AS REQUIRED:				NAMES OF ADDITIONAL CHILDREN ENROLLED IN PROGRAM:									
VACCINE TYPE:		DATE:											
VACCINE TYPE:		DATE:											
VACCINE TYPE:		DATE:											
VACCINE TYPE:		DATE:											
FAMILY INCOME (Adjusted gross—most recent 1040) : PROVIDE ONLY IF REDUCED FEES ARE REQUESTED.											IT IS THE RESPONSIBILITY OF EACH SPONSOR TO ENSURE IMMUNIZATIONS AND EMERGENCY INFORMATION IS UP TO DATE. FAILURE TO UPDATE MAY RESULT IN REFUSAL OF SERVICE.		
\$ SINGLE / DUAL INCOME (Circle One) \$													
PARENT SIGNATURE													