

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES
To Be Completed by Parent or Authorized Representative

CHILD'S NAME		LAST	MIDDLE	FIRST	SEX	TELEPHONE
ADDRESS		NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME		LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS		NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME		LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	
HOME ADDRESS		NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD		LAST NAME	MIDDLE	FIRST	HOME TELEPHONE	BUSINESS TELEPHONE
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ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?			TELEPHONE
<input type="checkbox"/> CALL EMERGENCY HOSPITAL <input type="checkbox"/> OTHER EXPLAIN: _____			()

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR _____

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE _____ DATE _____

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION _____ DATE LEFT _____