

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

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|--|--------------|--------|--------|------------------------------|------------------------------|
| CHILD'S NAME | LAST | MIDDLE | FIRST | SEX | TELEPHONE () |
| ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| PARENT / AUTHORIZED REPRESENTATIVE NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| | HOME ADDRESS | NUMBER | STREET | CITY | STATE ZIP |
| PARENT / AUTHORIZED REPRESENTATIVE NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| | HOME ADDRESS | NUMBER | STREET | CITY | STATE ZIP |
| PERSON RESPONSIBLE FOR CHILD | LAST | MIDDLE | FIRST | HOME TELEPHONE () | BUSINESS TELEPHONE () |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
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PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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|-----------|---------|-------------------------|------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL 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 |
|------|--------------|
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TIME CHILD WILL BE PICKED UP

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|---|------|
| SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE |
| | |

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

| | |
|-------------------|-------------------------|
| DATE OF ADMISSION | LAST DATE OF ENROLLMENT |
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