

**IDENTIFICATION AND EMERGENCY INFORMATION  
CHILD CARE CENTERS**

**To Be Completed by Parent or Guardian**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	CITY	STATE	ZIP	BIRTHDATE
FATHER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	CITY	STATE	ZIP	HOME TELEPHONE ( )
MOTHER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	CITY	STATE	ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )
<b>ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY</b>					
<b>NAME</b>		<b>ADDRESS</b>		<b>TELEPHONE</b>	
<b>RELATIONSHIP</b>					
<b>PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY</b>					
PHYSICIAN	ADDRESS		MEDICAL PLAN AND NUMBER		TELEPHONE
DENTIST	ADDRESS		MEDICAL PLAN AND NUMBER		TELEPHONE
IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN? <input type="checkbox"/> CALL EMERGENCY HOSPITAL <input type="checkbox"/> OTHER    EXPLAIN _____					
<b>NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY</b> (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN)					
<b>NAME</b>					<b>RELATIONSHIP</b>
TIME CHILD WILL BE CALLED FOR					
SIGNATURE OF PARENT OR GUARDIAN					DATE
<b>TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR</b>					
DATE OF ADMISSION				DATE LEFT	

