



CHANGES ___ NO CHANGES ___

Emergency and Identification Information

Family Information

Child's name (Last, First, Middle): _____ Birth Date: _____

Child's name (Last, First, Middle): _____ Birth Date: _____

Child's name (Last, First, Middle): _____ Birth Date: _____

Parent/Guardian name: _____

Parent/Guardian name: _____

Child's Address: _____ Phone: _____

Parent/Guardian Employer/School address: _____ Phone: _____

Parent/Guardian Employer/School address: _____ Phone: _____

Parent email: _____ Parent email: _____

I. Names of Persons Authorized to Take Child from the Facility (This child will not be allowed to leave with any other person without written authorization from parent or guardian.)

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. Physician to Be Called in an Emergency

Name _____ Telephone _____

Address _____

V. Medi-Cal Number _____ **Name of Medical Insurance** _____ **Ins #** _____

Medi-Cal Number _____ **Name of Medical Insurance** _____ **Ins #** _____

Medi-Cal Number _____ **Name of Medical Insurance** _____ **Ins #** _____

VI. Allergies or Other Medical Limitations _____

VII. Permission for Medical Treatment Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Signature _____ Date _____
Parent or Guardian