

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
STREET ADDRESS				ZIP	BIRTHDATE
PARENT/ AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	
STREET ADDRESS				ZIP	HOME TELEPHONE
PARENT/ AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	
STREET ADDRESS				ZIP	HOME TELEPHONE
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE	BUSINESS TELEPHONE

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?

CALLEMERGENCY HOSPITAL

OTHER EXPLAIN: _____

Child Name: _____

Center/Provider: _____

**NAMES OF PERSONS AUTHORIZED TO
BRING and/or TAKE CHILD FROM/TO THE FACILITY**

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

Center Staff/Family Child Care Home Providers will collect
signature(s) of person(s) authorized.

NAME	RELATIONSHIP	FULL LEGAL SIGNATURE	BRING/TAKE
------	--------------	----------------------	------------

**SIGNATURE OF PARENT/
GUARDIAN OR AUTHORIZED
REPRESENTATIVE #1:**

DATE:

**SIGNATURE OF PARENT/
GUARDIAN OR AUTHORIZED
REPRESENTATIVE #2:**

DATE:

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

DATE OF ADMISSION: