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

To Be Completed by Parent or Authorized Representative

•	•	•							
CHILD'S NAME	LAST		MIDDLE	FIR	ST	SEX	TELEPH	HONE	
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	BIRTHE	DATE	
FATHER'S (CHARDIAN	N'S/FATHER'S DOMEST	C PARTNER'S NAME LAST	MIC	DDLE	FIRST				
PAI HEN S/GUANDIAI	N S/FATHEN S DOMEST	DULE	FIRST BUSINESS TELEPHO)			
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME .	TELEPHONE	
MOTHER'S/GLIARDIA	N'S/MOTHER'S DOMES	STIC PARTNER'S NAME LAST	MIDDLE		FIRST		() ESS TELEPHONE	
			5522				()	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME	TELEPHONE	
PERSON RESPONSI	BLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TEL	EPHONE	BUSINESS TELEPHONE		
					()			()	
		ADDITIONAL	PERSONS WHO	MAY BE CALLED	IN AN EMER	GENCY			
NAME			ADDRESS			TELEPHONE		RELATIONSHIP	
		PHYSICIAI	N OR DENTIST	TO BE CALLED IN	AN EMERGE	NCY			
PHYSICIAN ADDRESS						DICAL PLAN AND NUMBER TELEPHONE			
DENTIST		ADDF	DDRESS MEDIC.		MEDICAL PLA	AL PLAN AND NUMBER TELE		HONE	
						()			
		F ACTION SHOULD BE TAKEN?							
CALL EMER	IGENCY HOSPITAL		PLAIN:	17ED TO TAKE OU	D FDOM THE	FAOULITY			
(CHIL	LD WILL NOT BE ALL	NAMES OF PERS OWED TO LEAVE WITH ANY		IZED TO TAKE CHIL THOUT WRITTEN AUTHOR			ZED REPF	RESENTATIVE)	
NAME						RELATIONSHIP			
TIME CHILD WILL BE	CALLED FOR								
THE STREET WILL BE	ONLEED TOTA								
SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE								DATE	
	TO BE COM	PLETED BY FACILIT	Y DIRECTOR/A	DMINISTRATOR/F/	WILY CHILD	CARE HOMES	SLICE	ISFF	
DATE OF ADMISSION		. LLILD DI IAOILII	. Dilleolon/P	DATE LEFT	WILL OILLD	CALL HOME	<u> </u>	1022	
110 700 (0/00) (0.00)	IDENTIAL :								
LIC 700 (8/08)(CONF	IDENTIAL)								