

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

**To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	SEX	BIRTHDATE
PARENT 1'S NAME	CELL PHONE	HOME TELEPHONE
HOME ADDRESS	BUSINESS TELEPHONE	EMPLOYER
PARENT 2'S NAME	CELL PHONE	HOME TELEPHONE
HOME ADDRESS	BUSINESS TELEPHONE	EMPLOYER
PERSON(S) RESPONSIBLE FOR CHILD		

## PHYSICIAN AND DENTIST INFORMATION

PHYSICIAN	TELEPHONE	MEDICAL PLAN AND NUMBER
DENTIST	TELEPHONE	MEDICAL PLAN AND NUMBER

### PERSONS WHO MAY BE CALLED IN AN EMERGENCY AND 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	PHONE NUMBER(S)	RELATIONSHIP

### ADDITIONAL PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY


### OUT OF AREA EMERGENCY CONTACT

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SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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