

**IDENTIFICATION AND EMERGENCY INFORMATION**  
**CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**  
To Be Completed by Parent or Authorized Representative

Parent/Auth. Rep. Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Parent/Auth. Rep. Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE
					(    )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
PARENT/AUTHORIZED REPRESENTATIVE NAME		LAST	MIDDLE	FIRST	BUSINESS TELEPHONE
					(    )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					(    )
PARENT/AUTHORIZED REPRESENTATIVE NAME		LAST	MIDDLE	FIRST	BUSINESS TELEPHONE
					(    )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					(    )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	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?

CALL EMERGENCY HOSPITAL     OTHER    EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS 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	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

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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