

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

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MI	FIRST	SEX	TELEPHONE	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	BIRTHDATE
FATHER'S NAME	LAST	MI	FIRST	BUSINESS TELEPHONE		
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE
MOTHER'S NAME	LAST	MI	FIRST	BUSINESS TELEPHONE		
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MI	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 & NUMBER	TELEPHONE
-----------	---------	-----------------------	-----------

DENTIST	ADDRESS	MEDICAL PLAN & 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 CALLED FOR

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE	DATE
--	------

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

DATE OF ADMISSION	DATE LEFT
-------------------	-----------