

IDENTIFICATION AND EMERGENCY INFORMATION – DAY CARE CENTERS

To be Completed by Parent or Guardian

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	HOME TELEPHONE
ADDRESS	STREET	CITY	STATE	ZIP	BIRTHDATE
FATHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	HOME TELEPHONE
FATHER'S ADDRESS	STREET	CITY	STATE	ZIP	E-Mail CELL PHONE/PAGER
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	HOME TELEPHONE
MOTHER'S ADDRESS	STREET	CITY	STATE	ZIP	E-Mail CELL PHONE/PAGER

CUSTODY INFORMATION

Is E-Mail a good way to communicate with you during the day?

YES NO

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

1.	NAME	ADDRESS	TELEPHONE	RELATIONSHIP TO CHILD
2.				
3.				
4.				

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
DENTIST	ADDRESS	DENTAL 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 GUADIAN)

1.	NAME	HOME TELEPHONE	BUSINESS TELEPHONE	RELATIONSHIP TO CHILD
2.				
3.				
4.				
5.				
6.				

TIME CHILD WILL BE DROPE OFF

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT OR GUARDIAN

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION

DATE LEFT