

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 CODE	BIRTHDATE	
FATHER'S NAME LAST			MIDDLE	FIRST	BUSINESS TELEPHONE () - ext.		HOME TELEPHONE () -
FATHER'S ADDRESS STREET		CITY	STATE	ZIP	E-Mail	CELL PHONE/PAGER () -	
MOTHER'S NAME LAST			MIDDLE	FIRST	BUSINESS TELEPHONE () - ext.		HOME TELEPHONE () -
MOTHER'S ADDRESS STREET		CITY	STATE	ZIP	E-Mail	CELL PHONE/PAGER () -	

Is E-Mail a good way to communicate with you? YES NO

LIST ANY ALLERGIES YOUR CHILD HAS:

CUSTODY INFORMATION:

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP TO CHILD
		() -	
		() -	
		() -	
		() -	

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)

NAME	HOME TELEPHONE	BUSINESS TELEPHONE	RELATIONSHIP TO CHILD
	() -	() - ext.	
	() -	() - ext.	
	() -	() - ext.	
	() -	() - ext.	
	() -	() - ext.	
	() -	() - ext.	
	() -	() - ext.	

TIME CHILD WILL BE DROPED OFF

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT OR GUARDIAN

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION

DATE OF WITHDRAWAL