

IDENTIFICATION AND EMERGENCY INFORMATION **DAY CARE CENTERS**

To Be Completed by Parent or Guardian

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE
					()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	
					()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					()
MOTHER'S 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 EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN 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 GUARDIAN)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR GUARDIAN	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION	DATE LEFT