

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

To Be Completed by Parent or Authorized Representative

|  |           |        |       |                           |                           |
|--|-----------|--------|-------|---------------------------|---------------------------|
| CHILD'S NAME   | LAST      | MIDDLE | FIRST | SEX                       | TELEPHONE<br>( )          |
| ADDRESS  | NUMBER    | STREET | CITY  | STATE                     | ZIP                       |
|  |           |        |       |                           | BIRTHDATE                 |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | LAST      | MIDDLE | FIRST | BUSINESS TELEPHONE<br>( ) |                           |
| HOME ADDRESS   | NUMBER    | STREET | CITY  | STATE                     | ZIP                       |
|  |           |        |       |                           | HOME TELEPHONE<br>( )     |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | LAST      | MIDDLE | FIRST | BUSINESS TELEPHONE<br>( ) |                           |
| HOME ADDRESS   | NUMBER    | STREET | CITY  | STATE                     | ZIP                       |
|  |           |        |       |                           | HOME TELEPHONE<br>( )     |
| PERSON RESPONSIBLE FOR CHILD                         | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE<br>( )     | BUSINESS TELEPHONE<br>( ) |

**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<br>( ) |
| DENTIST   | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE<br>( ) |

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/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE |
|---|------|

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

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