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

To Be Completed by Parent or Authorized Representative

	•	•							
CHILD'S NAME	LAST		MIDDLE	FIR	ST	SEX	TELEPH	HONE	
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	BIRTHE) DATE	
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST MIDDLE						FIRST		BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME -	TELEPHONE	
MOTUE DIO (OLIA DOLIA	NICANOTHERIC DOMEC	STIC PARTNER'S NAME LAST	MIDDLE		FIRST		()	
MOTHER S/GUARDIA	IN S/MOTHER S DOMES	STIC PARTINERS NAME LAST	MIDDLE		FIRST		(ESS TELEPHONE	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME	TELEPHONE	
DEDCON DECDONO	BLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TEL	EDHONE	()	
PERSON RESPONSIBLE FOR CHILD LAST NAME			MIDDLE	rinoi	FIRST HOME TELEPHONE ()			BUSINESS TELEPHONE ()	
		ADDITIONAL	PERSONS WHO	MAY BE CALLED	IN AN EMER	GENCY		,	
NAME			ADDRESS			TELEPHONE		RELATIONSHIP	
		PHYSICIAI	N OR DENTIST	TO BE CALLED IN	AN EMERGE	NCY			
PHYSICIAN ADDRESS N						DICAL PLAN AND NUMBER TELEPHONE			
DENTIST		ADDF	DDRESS MEDICA		MEDICAL PLA	PLAN AND NUMBER TELEF) HONE	
					()				
IF PHYSICIAN CANN	OT BE REACHED, WHAT	F ACTION SHOULD BE TAKEN?							
CALL EMER	RGENCY HOSPITAL		PLAIN:						
(CHII	LD WILL NOT BE ALL	NAMES OF PERS OWED TO LEAVE WITH ANY		IZED TO TAKE CHIL THOUT WRITTEN AUTHORI			ZED REPF	RESENTATIVE)	
NAME						RELATIONSHIP			
INAIVIE						TILE THOUGH			
TIME CHILD WILL BE	CALLED FOR								
SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE								DATE	
	TO DE 0011	DI ETED DV FAOR IS	V DIDECTOR'S	DMINICTO ATOR 'C	MIIV OLIII D	CADE HOME	_ 	JOSE	
DATE OF ADMISSION		PLETED BY FACILIT	Y DIKECTOR/A	DATE LEFT	AWILY CHILD	CARE HOMES	5 LICEN	NOEE	
LIC 700 (8/08)(CONF	FIDENTIAL)								