

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	GENDER	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT/AUTHORIZED REPRESENTATIVE NAME					BUSINESS TELEPHONE ()
HOME ADDRESS					HOME TELEPHONE ()
PARENT/AUTHORIZED REPRESENTATIVE NAME					BUSINESS TELEPHONE ()
HOME ADDRESS					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD					BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY & AUTHORIZED TO TAKE CHILD FROM FACILITY

CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	EMAIL ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN 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? CHECK BOX BELOW

CALL EMERGENCY HOSPITAL OTHER – EXPLAIN _____

TIME CHILD WILL BE PICKED UP Contracted time may vary	
SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/DESIGNEE

FORM REVIEWED BY SIGNATURE	DATA ENTERED INTO CARECONNECT
DATE OF ADMISSION	LAST DATE OF ENROLLMENT