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

To Be Completed by Parent, Domestic Partner or Authorized Representative

		it, Domestic Partner							
CHILD'S NAME	LAST	MIDDLE		FIRST		SEX	TELEPHONE		
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	BIRTHD	ATE	
FATHER'S/GUARDIAN	'S/DOMESTIC PARTNE	ER'S NAME LAST	MIDE	DLE	FIRST		BUSINE	SS TELEPHONE	
			····					( )	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME 1	ELEPHONE	
MOTHER'S/GUARDIAI	N'S/DOMESTIC PARTN	IER'S NAME LAST	MIDDLE		FIRST		( BUSINE	SS TELEPHONE	
							(	)	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME 1	ELEPHONE	
PERSON RESPONSIBLE FOR CHILD		LAST NAME	MIDDLE	FIRST	HOME TELEPHONE		BUSINESS TELEPHONE		
				( )			( )		
		ADDITIONAL	PERSONS WHO	MAY BE CALLED	IN AN EMERG	ENCY			
	NAME		ADDRESS			TELEPHONE		RELATIONSHIP	
PHYSICIAN				O BE CALLED IN	MEDICAL PLAN		TELEDI	IONE	
PHYSICIAN ADDRESS					MEDIONE I ENVINOR NOMBER			TELEPHONE ( )	
DENTIST AD			DDRESS MEDICAL			LAN AND NUMBER TELEPHONE		HONE	
IF PHYSICIAN CANNO	OT BE REACHED, WHA	AT ACTION SHOULD BE TAKEN?					1	/	
CALL EMER	GENCY HOSPITAL	OTHER EX	PLAIN:						
(CHILD WILL NO	Γ BE ALLOWED TO	NAMES OF PER LEAVE WITH ANY OTHER PI		ZED TO TAKE CHI TEN AUTHORIZATION FR			AUTHOR	IZED REPRESENTATIVE)	
NAME						RELATIONSHIP			
TIME CHILD WILL BE	CALLED FOR				1				
SIGNATURE OF PARENT/GUARDIAN/DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE							DATE		
	TO BE COM	IPLETED BY FACILI	TY DIRECTOR/AI	DMINISTRATOR/E	WIII A CHIII D C	ARE HOMES	LICE	ISFF	
DATE OF ADMISSION		II LLILD DI FACILI	I I DIRLCTOR/AI	DATE LEFT	AWILL CHILD C	ARE HOWES	LICEN	IOLL	
LIC 700 (1/08)(CONFI	DENTIAL)								