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

To Be Compi	eted by Parer	it or Authorized Re	presentative						
CHILD'S NAME	LAST		MIDDLE		RST	SEX	TELEPHONE ()		
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	BIRTHE) DATE	
FATHER'S NAME	LAST		MIDDLE		FIRST		DUCINE	TOO TELEPHONE	
TATTLETO NAME	LAGI		WIIDDEL		11101		(ESS TELEPHONE	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME -	TELEPHONE	
							()	
MOTHER'S NAME	LAST		MIDDLE		FIRST		BUSINE	ESS TELEPHONE	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME -	TELEPHONE	
							()	
PERSON RESPONSIBLE FOR CHILD LAST NAME			MIDDLE	MIDDLE FIRST HOME TELEPHO		PHONE	BUSINESS TELEPHONE		
		ADDITIONAL	PERSONS WHO	MAY BE CALLED	IN AN EMERG	ENCY	()	
		ADDITIONAL	- FENSONS WITO		IN AN LINENC			T	
NAME			ADDRESS			TELEPHONE		RELATIONSHIP	
		PHYSICIA	AN OR DENTIST T	O BE CALLED IN	AN EMERGEN	ICY			
PHYSICIAN			DRESS		MEDICAL PLAN		TELEPH	HONE	
						()	
DENTIST		AD	ADDRESS MEDICA			PLAN AND NUMBER TELEPHONE			
IF PHYSICIAN CANNO	OT BE REACHED, WHA	AT ACTION SHOULD BE TAKEN	?				(,	
CALL EMERG	GENCY HOSPITAL	OTHER E	EXPLAIN:						
		NAMES OF PER	SONS AUTHORIZ	ZED TO TAKE CHI	LD FROM THE	FACILITY			
(CHILD WILL	NOT BE ALLOW	ED TO LEAVE WITH ANY					THORIZED	D REPRESENTATIVE)	
NAME						RELATIONSHIP			
TIME CHILD WILL BE	CALLED FOR								
SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE							DATE		
DATE OF ADMISSION		IPLETED BY FACIL	ITY DIRECTOR/A	DMINISTRATOR/F	AMILY CHILD (CARE HOME	S LICE	NSEE	
D. II E OI ADIVIIOGIUN				DATE LETT					
LIC 700 (ENG/SP) (5/0	0)(CONFIDENTIAL)			I					