



Emergency and Identification Information

I. Family Information

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Address: _____ Phone: _____

Mother/Guardian Name: _____ Address: _____

Mother/Guardian Employer: _____ Phone: _____

Mother/Guardian Business Address: _____

Father/Guardian Name: _____ Address: _____

Father/Guardian Employer: _____ Phone: _____

Father/Guardian Business Address: _____

Name of Person to be Contacted First: _____ Phone: _____

II. Names of persons authorized to take child(ren) from the facility (The child(ren) will not be allowed to leave with any other person without written authorization from the parent or guardian)

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

III. Names of persons restricted from access to child(ren) (Document on file)

IV. Physician/Dentist to be called in an emergency

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

If physician/dentist cannot be reached, what action should be taken?

V. Medi-Cal Number: _____ Insurance Company: _____

VI. Allergies or other medical limitations (indicate child's name)

VI. Permission for medical treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure by the physician or hospital to be used in emergencies should be verified in advance. In case of an accident or an emergency, I authorize the child care provider to call "911" and the paramedics to provide treatment or to transport my child to the above named physician or to the nearest emergency hospital. Such emergency treatment and measures as are deemed necessary for the safety and protection of the child will be at my expense.

Signature: _____ Date: _____

Parent or Guardian