## 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	BIRTHD	PATE	
FATHER'S/GUARDIAN	'S NAME LAST		MIDDLE		FIRST		BUSINE	ESS TELEPHONE	
							(	)	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME	TELEPHONE	
							(	)	
MOTHER'S/GUARDIAN	N'S NAME LAST		MIDDLE		FIRST		BUSINE	ESS TELEPHONE	
				0.m./			(	)	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME 1	TELEPHONE	
PEDGON PEOPONICIP		LACTNAME	MIDDLE	FIRST	LIONE TEL	EBLIONE		)	
PERSON RESPONSIBLE FOR CHILD LAST NAME			MIDDLE	FIRST	FIRST HOME TELEPHONE			BUSINESS TELEPHONE ( )	
		ADDITIONA	PERSONS WHO	MAY BE CALLED	IN AN EMER	GENCY		,	
NAME			ADDRESS			TELEPHONE		RELATIONSHIP	
		DI IVOIGI	00 05117107	50 DE 041 ED IV	AN 51450051				
DUVOIOIANI				O BE CALLED IN		NCY AN AND NUMBER		IONE	
PHYSICIAN		AL	DDRESS MEDICAL PLA			I AND NUMBER TELEPHONE			
DENTIST		ΔΩ	ADDRESS ME		MEDICAL PLA	EDICAL PLAN AND NUMBER		TELEPHONE	
DENTION		, i	DILEGO				( )		
IF PHYSICIAN CANNO	OT BE REACHED, WHAT	ACTION SHOULD BE TAKEN?	,						
CALL EMER	GENCY HOSPITAL		EXPLAIN:						
(CHILD WILL	NOT BE ALLOWE			ZED TO TAKE CHIL HOUT WRITTEN AUTHO			HORIZEC	REPRESENTATIVE)	
NAME						RELATIONSHIP			
TIME OUR DWILL BE	OALLED FOR								
TIME CHILD WILL BE	CALLED FUR								
SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE							DATE		
	TO BE COMI	PLETED BY FACIL	ITY DIRECTOR/A	DMINISTRATOR/FA	MILY CHILD	CARE HOMES	LICEN	NSEE	
DATE OF ADMISSION		<u> </u>	<u> </u>	DATE LEFT					
LIC 700 (9/07)(CONFI	DENTIAL)								