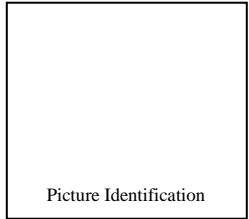


(To be completed by parent or guardian and updated as changes occur)

SCHOOL YEAR _____

CHILD CARE CENTER _____



EMERGENCY AND IDENTIFICATION INFORMATION

I. Family Information

Male: ___ Female: ___ Grade: _____

Child's name (last name, first name): _____ Birthdate: _____

Mother's name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Father's name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Mother's business address: _____ Business Phone: _____

Father's business address: _____ Business Phone: _____

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

Name	Phone	Relationship

Name	Phone	Relationship

III. Additional persons who may be called in emergency to take child from the facility:

Name	Phone	Relationship

Name	Phone	Relationship

IV. Physician to be called in emergency:

Name: _____ Phone Number: _____

Address: _____

If physician cannot be reached, what action should be taken? _____

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

VI. Allergies or other medical limitations: _____

VII. 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 required 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 a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Signature _____ Date _____

Parent or Guardian