## **IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS**

to Be Comple	eted by Parer	it or Guardian							
CHILD'S NAME	LAST		MIDDLE	FIRST		SEX	TELEPHONE		
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	BIRTHE	PATE	
FATHER'S NAME	LAST		MIDDLE		FIRST		BUSINE	SS TELEPHONE	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.0.		5522				(	)	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME -	TELEPHONE	
MOTHER'S NAME	LAST		MIDDLE		FIRST		(	)	
WOTTER O NAME	LAGI		WIIDDEE		TIKOT		(	SS TELEPHONE	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME .	TELEPHONE	
DEDOON DECDONOID	I F FOR OUR R	LACTNAME	MIDDLE	FIDOT	LIOME TELE	DUONE	(	)	
PERSON RESPONSIBLE FOR CHILD LAST NAME			MIDDLE FIRST		HOME TELEPHONE		BUSINESS TELEPHONE		
		ADDITIONAL	PERSONS WHO	MAY BE CALLED	IN AN EMERO	SENCY		,	
NAME			ADDRESS			TELEPHONE		RELATIONSHIP	
		PHYSICIA	N OR DENTIST 1	TO BE CALLED IN	AN EMERGEN	ICY		1	
PHYSICIAN		ADD	RESS		MEDICAL PLAN	AND NUMBER	TELEPH	HONE	
PRIVIOT			1000000		MEDICAL DI AN			TELEPHONE	
DENTIST		ADD	ADDRESS ME			MEDICAL PLAN AND NUMBER		( )	
IF PHYSICIAN CANNO	OT BE REACHED, WHA	AT ACTION SHOULD BE TAKEN?					,	,	
CALL EMER	GENCY HOSPITAL	OTHER EX	(PLAIN:						
	CHILD WILL NOT			ZED TO TAKE CHII			NT OR GI	JARDIAN)	
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AU  NAME						RELATIONSHIP			
		INAIVIE		NL			AHONS	DI IIF	
TIME CHILD WILL BE	CALLED FOR				'				
SIGNATURE OF PARENT OR GUARDIAN							DATE		
		TO BE COI	MPLETFD RY FA	CILITY DIRECTOR	/ADMINISTR A	TOR			
DATE OF ADMISSION		10 52 001	22.20 0117	DATE LEFT	,, .D.IIII (10 11 1/A				
LIC 700 (5/99)(CONFID	DENTIAL)								