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

To Be Compi	eted by Parer	it or Authorized Re	epresentative						
CHILD'S NAME	LAST		MIDDLE		RST	SEX	TELEPHONE		
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	BIRTHD	ATE	
FATHER'S NAME	LAST		MIDDLE		FIRST		RUSINE	SS TELEPHONE	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.6.		5522				()	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME 1	TELEPHONE	
							()	
MOTHER'S NAME	LAST		MIDDLE		FIRST		BUSINE	SS TELEPHONE	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME 1) TELEPHONE	
							()	
PERSON RESPONSIBLE FOR CHILD LAST NAME		LAST NAME	MIDDLE FIRST		HOME TELE	HOME TELEPHONE		BUSINESS TELEPHONE	
					()		()		
		ADDITIONA	L PERSONS WHO	MAY BE CALLED	IN AN EMERO	SENCY			
NAME			ADDRESS			TELEPHONE		RELATIONSHIP	
		PHYSICI	AN OR DENTIST 1	O BE CALLED IN	AN EMERGEN	ICY			
PHYSICIAN		AL	DDRESS		MEDICAL PLAN	I AND NUMBER	TELEPH	IONE	
DENTIST			ADDRESS ME		MEDICAL DI AN	EDICAL PLAN AND NUMBER 1		TELEPHONE	
DENTIST		AL	WIED			()	
IF PHYSICIAN CANNO	OT BE REACHED, WHA	AT ACTION SHOULD BE TAKEN	1?				,		
CALL EMERG	GENCY HOSPITAL	OTHER	EXPLAIN:						
(CHILD WILL	. NOT BE ALLOW	NAMES OF PER ED TO LEAVE WITH ANY		ZED TO TAKE CHI HOUT WRITTEN AUTHO			HORIZED	REPRESENTATIVE)	
NAME						RELATIONSHIP			
TIME CHILD WILL BE	CALLED FOR								
SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE							DATE		
	TO BE COM	IPLETED BY FACIL	ITY DIRECTOR/A	DMINISTRATOR/F	AMILY CHILD (CARE HOMES	LICEN	NSEE	
DATE OF ADMISSION				DATE LEFT					
LIC 700 (ENG/SP) (5/0	0)(CONFIDENTIAL)								