

IDENTIFICATION AND EMERGENCY INFORMATION

To be completed by Parent or Authorized Representative

NOTE: TYPE OR PRINT NEATLY

Mom email:	
Dad email:	

<i>CHILD'S NAME</i>	LAST	MIDDLE	FIRST	SEX	BIRTHDATE
---------------------	------	--------	-------	-----	-----------

<i>ADDRESS</i>	NUMBER	STREET	CITY	STATE	ZIP	RESIDES WITH
----------------	--------	--------	------	-------	-----	--------------

<i>FATHER'S NAME</i>	LAST	MIDDLE INITIAL	FIRST	HOME PHONE	CELL PHONE
----------------------	------	----------------	-------	------------	------------

<i>HOME ADDRESS</i>	NUMBER	STREET	CITY	STATE	ZIP	WORK PHONE
---------------------	--------	--------	------	-------	-----	------------

<i>MOTHER'S NAME</i>	LAST	MIDDLE INITIAL	FIRST	HOME PHONE	CELL PHONE
----------------------	------	----------------	-------	------------	------------

<i>HOME ADDRESS</i>	NUMBER	STREET	CITY	STATE	ZIP	WORK PHONE
---------------------	--------	--------	------	-------	-----	------------

FIRST TO CONTACT	LAST	MIDDLE INITIAL	FIRST	HOME PHONE	WORK / CELL PHONE (Circle one)

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	HOME, WORK and/or CELL PHONE	RELATIONSHIP TO CHILD

PHYSICIAN AND DENTIST TO BE CALLED IN AN EMERGENCY

<i>PHYSICIAN</i>	ADDRESS	MEDICAL PLAN & #	PHONE
------------------	---------	------------------	-------

<i>DENTIST</i>	ADDRESS	MEDICAL PLAN & #	PHONE
----------------	---------	------------------	-------

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL
 OTHER EXPLAIN:

LIST ALLERGIES IF APPLICABLE

NAME OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE	DATE
--	------

OFFICE USE

DATE OF ADMISSION:	DATE LEFT:	
--------------------	------------	--