



**IDENTIFICATION AND EMERGENCY INFORMATION**

To be completed by Parent or Guardian

Child's Name	Date of Birth
Child's Name	Date of Birth
Child's Name	Date of Birth
Child's Name	Date of Birth

Parent/Guardian's Name	Date of Birth
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Business Address	Phone Number
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Parent/Guardian's Name	Date of Birth
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Business Address	Phone Number
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**Additional persons who may be called in an EMERGENCY**

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

**Physician or dentist to be called in an EMERGENCY**

Physician	Address	Phone Number
Dentist	Address	Phone Number

If Physician cannot be reached, what action should be taken?

- Call emergency hospital     
  Other    Explain \_\_\_\_\_

**Names of persons authorized to take child from the facility**

Name	Phone Number	Relationship

**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.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_