



Child Care Links

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
Business Address	Phone Number
Parent/Guardian's Name	DATE OF BIRTH
Business Address	Phone Number

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 _____