

Identification and Emergency Information



To be completed by parent or authorized representative

Child's Name (First, Middle & Last) Sex: M F Date of Birth / /

Allergies:

Guardian 1: Name (First, Middle & Last) Relationship to Child

Home Address: Number Street City State Zip

Home Phone: () Work Phone: () Cell: ()

Email Address:

Guardian 2: Name (First, Middle & Last) Relationship to Child

Home Address: Number Street City State Zip

Same as above Home Phone: () Work Phone: () Cell: ()

Email Address:

Person Responsible for Child (First, Middle & Last Name)

Home Phone: () Work Phone: () Cell: ()

Additional Persons Who May Be Called In An Emergency

Name	Address	Phone Number
		()
		()
		()
		()

Physician Or Dentist To Be Called In An Emergency

Physician	Address	Medical Plan & Number	Phone Number
			()
Dentist	Address	Medical Plan & Number	Phone Number
			()

If physician cannot be reached, what action should be taken? Call Emergency Hospital Other _____

Names 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 to Child

Time child will be dropped off: _____ Picked up: _____

Signature of Parent/Guardian or Authorized Representative: _____ Date: / /

Office Use

Admission Date / / Date Withdrawn / /