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

To Be Completed by Parent, Domestic Partner or Authorized Representative

		it, Domestic Partner							
CHILD'S NAME LAST		MIDDLE		FIRST		SEX	TELEPHONE		
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	BIRTHD	PATE	
FATHER'S/GUARDIAN	'S/DOMESTIC PARTNE	ER'S NAME LAST	MIDE	DLE	FIRST		BUSINE	SS TELEPHONE	
								( )	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME 1	FELEPHONE	
MOTHER'S/GUARDIA	N'S/DOMESTIC PARTN	IER'S NAME LAST	MIDDLE		FIRST		BUSINE	SS TELEPHONE	
							(	)	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME 1	TELEPHONE	
PERSON RESPONSIBLE FOR CHILD		LAST NAME	MIDDLE	FIRST	HOME TELEF	PHONE	BUSINESS TELEPHONE		
					( )		( )		
		ADDITIONAL	PERSONS WHO	MAY BE CALLED	O IN AN EMERG	ENCY			
	NAME		ADDRESS			TELEPHONE		RELATIONSHIP	
		DHASICIV	N OD DENTIST T	O BE CALLED IN	I AN EMEDGEN	CV			
PHYSICIAN			RESS	O BE CALLED IN	MEDICAL PLAN		TELEPH	HONE	
							( )		
DENTIST A			ADDRESS MEDICAL F			AN AND NUMBER TELEPHONE			
IF PHYSICIAN CANNO	OT BE REACHED, WHA	T ACTION SHOULD BE TAKEN?							
CALL EMER	GENCY HOSPITAL	OTHER EX	(PLAIN:						
(CHILD WILL NO	T BE ALLOWED TO	NAMES OF PER LEAVE WITH ANY OTHER PE		ZED TO TAKE CHI TEN AUTHORIZATION FI			AUTHOR	IZED REPRESENTATIVE)	
NAME						RELATIONSHIP			
TIME CHILD WILL BE	CALLED FOR								
SIGNATURE OF PARENT/GUARDIAN/DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE							DATE		
	TO BE COM	IPLETED BY FACILI	TY DIRECTOR/A	DMINISTRATOR/F	AMILY CHILD C	ARE HOMES	LICEN	ISEE	
DATE OF ADMISSION				DATE LEFT					
LIC 700 (1/08)(CONFI	IDENTIAL)			I					