

IDENTIFICATION AND EMERGENCY INFORMATION

Child Care Centers/Family Child Care Homes School Year: 2010-2011

For Office Use Only
Profile Code: _____
Shelby: _____
Excel: _____

Child's Name (Last)	(Middle)	(First)	Sex:	Birth date:
Address: (Number)		(Street)	(City, State, Zip)	
Father's/Guardian's/Domestic Partner's Name				
Father's Address: <input type="checkbox"/> Same as Above: _____				
Mother's/Guardian's/Domestic Partner's Name				
Mother's Address: <input type="checkbox"/> Same as Above: _____				
Contact Information:				
Home Phone: () _____		Email Address: _____		
Mother's Cell: () _____		Mother's Work: () _____		
Father's Cell: () _____		Father's Work: () _____		

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	TELEPHONE	RELATIONSHIP
	Home: Cell:	
	Home: Cell:	
	Home: Cell:	

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

Same as above

NAME	RELATIONSHIP	Phone

PHYSICIAN or DENTIST TO BE CALLED IN AN EMERGENCY

Physician:	Address:	Medical Plan & Number	Telephone ()
Dentist:	Address:	Medical Plan & Number	Telephone ()
If physician cannot be reached, what action should be taken?			
<input type="checkbox"/> Call Emergency Hospital		<input type="checkbox"/> Other ... Explain _____	

Signature of Parent/Guardian/Domestic Partner Authorized Representative

Date

(OVER)