

# IDENTIFICATION AND EMERGENCY INFORMATION

## To be Completed by Parent or Authorized Representative

CHILD'S NAME LAST FIRST MIDDLE			SEX	TELEPHONE ( )
ADDRESS STREET CITY STATE ZIP				BIRTHDATE
FATHER'S LAST NAME FIRST MIDDLE			WORK TELEPHONE ( )	
HOME ADDRESS STREET CITY STATE ZIP				HOME TELEPHONE ( )
MOTHER'S LAST NAME FIRST MIDDLE STATE ZIP			WORK TELEPHONE ( )	
HOME ADDRESS STREET CITY STATE ZIP				HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD LAST NAME FIRST MIDDLE		GUARDIAN HOME TELEPHONE ( )		GUARDIAN WORK TELEPHONE ( )
ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY				
NAME	ADDRESS	TELEPHONE	RELATIONSHIP	
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 HOSPITAL <input type="checkbox"/> OTHER    EXPLAIN: _____ PREFERRED HOSPITAL _____				
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 GUARDIAN)				
NAME			RELATIONSHIP	
TIME CHILD WILL BE CALLED FOR/OTHER DIRECTIONS				
SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE			DATE	
TO BE COMPLETED BY FACILITY DIRECTOR				
DATE OF ADMISSION/COMMENTS		DATE LEFT/COMMENTS		