

(To be completed by parent or guardian and updated at recertification and as changes occur)

Emergency and Identification Information

Family Information

Child's Name (LAST NAME FIRST): _____ Birthdate: _____

Parent 1 Name: _____ Parent 2 Name: _____

Address: _____ Home Phone: (_____) _____

Parent 1's Business Address: _____

Business Phone: (_____) _____ Parent 1's E-mail Address: _____

Parent 2's Business Address: _____

Business Phone: (_____) _____ Parent 2's E-mail Address: _____

Names of Persons Authorized to take Child from the Facility

(This child will not be allowed to leave with any other person without written authorization from parent or guardian.)

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

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Additional Persons Who May Be Called in Emergency to Take Child from the Facility

(This child will not be allowed to leave with any other person without written authorization from parent or guardian)

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

Physician to be Called in Emergency

Name: _____ Telephone: (_____) _____

Address: _____

If physician can not be reached, what action should be taken? _____

Med-Cal Number: _____ Medical Insurance: _____

Insurance Number: _____

Allergies or Other Medical Limitations: _____

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.

Signature: _____ Date: _____

(Parent or Guardian)