

### Emergency and Identification Information

#### Family Information

Child's name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle) (Month) (Day) (Year)

Child's Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Mother's/Guardian's/Domestic Partner's Name Day Contact Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Father's/Guardian's/Domestic Partner's Name Day Contact Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Names of Persons who may be called in an emergency and who are authorized to take Child from the Facility in Addition to Persons listed above (This child will not be allowed to leave with any other person without written authorization from parent, guardian, domestic partner, or authorized representative.)**

Name	Relationship	Primary Telephone #	Additional Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Physician to Be Called in an Emergency

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Medi-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 accompany 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/Guardian/Domestic Partner or Authorized Representative

NOTE: Thumbprint registration is required for each person authorized to drop-off/pick-up child.