STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Mom's Cell:		
Dad's Cell:	 	-
E-mail:		

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

		t or Authorized Repre				*******			
CHILD'S NAME	LAST	•	MIDDLE	FIF	RST	SEX	TELEP	HONE	
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	(BIRTHO)	
							BIRTHE	MIC	
FATHER'S/GUARDIAN	'S/FATHER'S DOMEST	IC PARTNER'S NAME LAST	MID	DLE	FIRST		BUSINE	SS TELEPHONE	
							()	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME	FELEPHONE	
MOTHER'S/GUARDIAN	N'S/MOTHER'S DOMES	STIC PARTNER'S NAME LAST	MIDDLE	·	FIRST		()	
							BUSINE	SS TELEPHONE	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZiP	HOME	relephone	
							()	
PERSON RESPONSIB	LE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELE	PHONE	BUSINE	SS TELEPHONE	
					()		()	
		ADDITIONAL P	ERSONS WHO	MAY BE CALLED	IN AN EMERO	SENCY			
	NAME		ADDRESS			TELEPHONE		RELATIONSHIP	
12/11/11									
		PHYSICIAN	OR DENTIST	O BE CALLED IN	AN EMERGEN	CY			
PHYSICIAN		ADDRES	SS		MEDICAL PLAN	I AND NUMBER	TELEPH	IONE	
					72-		()	
DENTIST		ADDRES	3 S		MEDICAL PLAN	AND NUMBER	TELEPH	ONE	
IF PHYSICIAN CANNO	T BE REACHED, WHAT	FACTION SHOULD BE TAKEN?					()	
CALL EMERG	SENCY HOSPITAL	OTHER EXPL	A 191.						
- OALL EMERIC	ENCT HOSFIAL								
(CHILL	O WILL NOT BE ALL	NAMES OF PERSO OWED TO LEAVE WITH ANY O	DNS AUTHORI. THËR PERSONWITI	ZED TO TAKE CHIL HOUT WRITTEN AUTHORI	LD FROM THE	FACILITY ENT OR ALITHOR	NZED REPR	ESENTATIVE)	
	(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)								
NAME				RELATIONSHIP					

TIME CHILD WILL BE O	CALLED FOR								
SIGNATURE OF PAREN	NT/GUARDIAN OR AUT	HORIZED REPRESENTATIVE					DATE		
DATE OF ADMISSION	TO BE COM	PLETED BY FACILITY	DIRECTOR/A		MILY CHILD C	ARE HOME	S LICEN	ISEE	
DATE OF ADMISSION				DATE LEFT					
LIC 700 (8/08)(CONFIE	DENTIAL \								
100 (GOO)(OO)ALIF	- Little								