

(Facility's Name)

Date of Enrollment

Date of Withdrawal

# Child's Care and Emergency Information

Name of Child (Last, First Middle Initial)		Name of Parents		
Child's Date of Birth	Home Phone Number ( )	Address (Number and Street)		
Allergies, if any		City	State	Zip Code
Special Health Conditions, if any				
1. Parent's Location When Child's in Care (Employer, School, etc.)		Hours of Employment	Phone Number ( )	
Address (Number and Street)		City	State	Zip Code
2. Parent's Location When Child's in Care (Employer, School, etc.)		Hours of Employment	Phone Number ( )	
Address (Number and Street)		City	State	Zip Code

**PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE**

Name		Phone Number ( )		
Address (Number and Street)		City	State	Zip Code

**NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED**

1.	3.
2.	4.

**SEE REVERSE FOR ADDITIONAL INFORMATION**

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**Emergency treatment and transportation:**

I hereby give permission to \_\_\_\_\_  
(Child Care Provider)

licensed by the Division of Child Development to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in care.

***Non-emergency medical treatment or elective surgery is not included in this authorization.***

Signature of Parent or Guardian	Date Signed
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Name of Child's Physician or Health Clinic	Office Hours	Phone Number ( )	
Address (Number and Street)	City	State	Zip Code
Hospital Preferred for Emergency Treatment		Health Insurance Policy Name and Number	
Name of Child's Dentist	Office Hours	Phone Number ( )	
Address (Number and Street)	City	State	Zip Code

**Field Trips and Activities Outside the Fenced Playground**

I hereby give permission to \_\_\_\_\_ for my child to participate  
(Child Care Provider)

in a walking trip or to be transported in a vehicle for a field trip. I further give permission to the facility for my child to participate in developmentally appropriate supervised activities outside of the fenced playground.

Signature of Parent or Guardian	Date Signed
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(Can be duplicated on the front/back of a 5 x 8 inch card)

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