

FAMILY IDENTIFICATION & EMERGENCY INFORMATION FORM

A: Name of Parent/Guardian of child: _____ **DOB:** _____

Mobile #: _____ Home #: _____ Work #: _____

B: Name of Parent/Guardian of child (if in home): _____ **DOB:** _____

Mobile #: _____ Home #: _____ Work #: _____

Names of Children Enrolled:

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Are any other adults over the age of 18 years living in the home? YES/NO If yes, please list below:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Are any other children residing in the home not being served? YES/NO If yes, please list below:

Name: _____ Relationship to Parent/Guardian: _____

Name: _____ Relationship to Parent/Guardian: _____

Name: _____ Relationship to Parent/Guardian: _____

Medical and Emergency Information

May your provider call paramedics in the event of an emergency? **YES/NO**

If no, what action should be taken?: _____

Child(ren) Medical Facility Name: _____ Phone #: _____

Address: _____ Physician's Name: _____

Please List Three People who are authorized to take your children from the child care facility and to be called in an emergency. Do NOT list yourself or child care provider as a contact.

Name: _____ Phone #: _____ Relationship to child: _____

Name: _____ Phone #: _____ Relationship to child: _____

Name: _____ Phone #: _____ Relationship to child: _____

I declare, under penalty of perjury, that the information listed above is true and correct to the best of my knowledge.

Signature: _____ Date: _____