

CHILD'S NAME _____ PARENT'S NAME _____

ADDRESS _____

HOME PHONE _____ MOTHER'S WORK PHONE _____ FATHER'S WORK PHONE _____

NAME OF PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

NAME	RELATIONSHIP

SPECIAL CARE INFORMATION (ALLERGIES, SPECIAL MEDICAL PROBLEMS, ETC.)

PERSON WHO MAY BE CALLED IN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN TO BE CALLED IN EMERGENCY

NAME _____ TELEPHONE _____

ADDRESS _____