

IDENTIFICATION AND EMERGENCY INFORMATION

SNELL'S PRE-KINDERGARTEN SCHOOL – License 393620744

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE
MOTHER'S/GUARDIAN'S LAST NAME	MIDDLE	FIRST			CELL PHONE
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
Occupation	Place of Business				BUSINESS TELEPHONE
FATHER'S/GUARDIAN'S LAST NAME	MIDDLE	FIRST			CELL PHONE
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
Occupation	Place of Business				BUSINESS TELEPHONE
MOM'S EMAIL ADDRESS			DAD'S EMAIL ADDRESS		

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY &/OR ARE AUTHORIZED TO TAKE YOUR CHILD FROM THE FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL
 OTHER
 EXPLAIN _____

SIGNATURE OF PARENT/GAURDIAN/ OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION

DATE LEFT