

PARENT'S DAY OUT IDENTIFICATION AND EMERGENCY INFORMATION SHEET

Name of Child _____
Last Middle First

DOB _____

1. Parent/Legal Guardian _____

Address _____

Cell Phone _____

Employer _____

Employer Address _____

Employer Phone _____

2. Parent/Legal Guardian _____

Address _____

Cell Phone _____

Employer _____

Employer Address _____

Employer Phone _____

Person Authorized for Pick up _____ (relationship)

_____ (relationship) _____ (relationship)

(Under no circumstances will a child be released to anyone not known to the center without authorization from the parents or the caregivers)

Persons to be called in case of an emergency. (Please include someone that knows how to contact you)

1. Name _____ Relationship to Child: _____

Address _____ Phone _____

2. Name _____ Relationship to Child: _____

Address _____ Phone _____

Child's Physician: _____ Phone _____

Allergies: _____

Emergency Hospital Preference: _____

