

**Child's Identifying and Emergency Information  
for Family Child Care Homes**

(To be completed by the child's parent or guardian)

**Information on Child**

Child's Name: \_\_\_\_\_ Name Called: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Workplace: \_\_\_\_\_ Workplace: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Person(s) responsible for pickup and delivery: \_\_\_\_\_

Other person(s) allowed to pick up child from day care home: \_\_\_\_\_

**In case of emergency when parent cannot be reached, please notify:**

(1) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please give specific instructions if your child needs special assistance, equipment, or materials to participate in activities.

List any allergies your child may have: \_\_\_\_\_

What are your child's favorite toys, games, and food? \_\_\_\_\_

Other important information about your child: \_\_\_\_\_

**Illnesses**

Check the following illnesses that your child has had:

- |                                |                                      |  |
|--------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> German Measles  |
|                                | <input type="checkbox"/> Red Measles | <input type="checkbox"/> Rheumatic Fever |

Check recurring problems that your child may have:

- |                                     |                                       |   |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Asthma       | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Croup      | <input type="checkbox"/> Strep Throat | <input type="checkbox"/> Eczema         |

Other Illnesses: \_\_\_\_\_

**Authorization for Emergency Medical Care**

In case of accident or illness requiring medical attention, the undersigned authorize \_\_\_\_\_ (child care provider) to call a health care provider or to take my child \_\_\_\_\_ (child's name) to the nearest hospital or doctor; and it is understood that if possible, his services will be obtained. If neither parents nor preferred health care provider can be contacted, the child care provider is authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of the child care provider, are true emergencies.

**The health care provider to call is:**

**My hospital preference is:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

I agree to be responsible for the cost of such emergency medical care.

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

The notarization below applies only to the above authorization for emergency medical care.

North Carolina

\_\_\_\_\_ County

I, \_\_\_\_\_, a Notary Public for said County and

State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing authorization.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Official Seal)

My commission expires \_\_\_\_\_, 20\_\_\_\_\_