

**DELANO UNION SCHOOL DISTRICT**  
**Child Development Program**  
**Emergency and Identification Information**

Family Information

Child's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's business address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's business address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician to Be Called in an Emergency

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

Medi-Cal Number \_\_\_\_\_ Medical Insurance \_\_\_\_\_

Insurance Number \_\_\_\_\_

Allergies or Other Medical Limitations: \_\_\_\_\_

**Permission for Medical Treatment** Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Aside from the parents, who else has authorization to take Child from facility?**  
**(This child will not be allowed to leave with any person who is not on the emergency card.**  
**Parent must make additions as needed in advance.)**

**Persons must be at least 18 years of age.**

**NOTE: The person listed on the emergency card must sign their name in the Signature column.**

	Name	Signature	Relation	Phone
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				