



UCI CHILD CARE SERVICES
EMERGENCY AND IDENTIFICATION INFORMATION

Child's Name _____ Nickname _____

Date of Birth _____ Child's Gender _____

Child's Address _____
Number & Street City Zip

Parent's Name _____ Relationship to Child _____

Parent's Address _____ Cell Phone# _____

Parent's Business Address _____ Business Phone _____

E-mail _____ Alternate# _____

Parent's Name _____ Relationship to Child _____

Parent's Address _____ Cell Phone# _____

Parent's Business Address _____ Business Phone _____

E-mail _____ Alternate# _____

CHILD'S PICK UP ARRANGEMENT

Can both parents be reached by telephone while child is at the Center? YES NO

Preferred parent and number to contact first? _____

Are both parents authorized to pick up child? _____

Are there any custody arrangements we should be aware of? _____

Name of Persons Authorized to take child from center. (Other than those listed above). Your child will not be permitted to leave the Center with any person without written authorization. We will call in order listed. Picture ID will be required.

- 1. Name _____ Contact # _____
Alternative Contact # _____ Relationship to Child _____
- 2. Name _____ Contact # _____
Alternative Contact # _____ Relationship to Child _____



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Name of Persons Authorized to take child from center. (Other than those listed above). Your child will not be permitted to leave the Center with **any person without written authorization.** We will call in order listed. Picture ID will be required.

- | | |
|----------------------------|-----------------------------|
| 3. Name _____ | Contact #_____ |
| Alternative Contact #_____ | Relationship to Child _____ |
| 4. Name _____ | Contact #_____ |
| Alternative Contact #_____ | Relationship to Child _____ |
| 5. Name _____ | Contact #_____ |
| Alternative Contact #_____ | Relationship to Child _____ |
| 6. Name _____ | Contact #_____ |
| Alternative Contact #_____ | Relationship to Child _____ |

CHILD'S PHYSICIAN

Name_____ Bus. Phone_____

Address_____

CHILD HEALTH INSURANCE

Medical Insurance_____ Insurance #_____

Allergies_____ Reaction_____

Chronic Diseases_____

Medications child takes regularly_____

PERMISSION FOR EMERGENCY TREATMENT: I give permission for my child to be taken by the paramedics or ambulance to a hospital, and for the doctor there to take whatever action is necessary. I understand that I am responsible for any charge incurred.

A. Signature of Parent/Guardian _____ Date_____

Print Name Parent/Guardian _____

B. Signature of Parent/Guardian _____ Date_____

Print Name Parent/Guardian _____