State Department of Education
Child Development Division
Form CD-9607, (Rev 6/88)
Rev MSJC CDEC 1/06

To be completed by parent or guardian and updated at recertification and as changes occur

Emergency and Identification Information

I. Family Information

Child's name (Last, First, Middle): _____ Birthdate: _____

Please list adults in order of contact in the event of an emergency:

Parent/Guardian One Name: _____ Cell _____

Parent/Guardian Two Name: _____ Cell _____

Child's Home Address: _____ Phone: _____

Parent/Guardian One Business Address: _____ Phone: _____

Parent/Guardian Two Business Address: _____ Phone: _____

II. Names of other local adults authorized to take child from the facility (All adults must have prior authorization to remove a child from the facility)

Name	Telephone	Relationship to Child

III. Additional persons who may be called in an emergency to take child from the facility; please include at least one out of area contact for coordination in the event of a local emergency.

Name	Address	Telephone	Relationship

IV. Physician to Be Called in an Emergency

Name _____ Telephone _____

Address _____

V. Medi-Cal Number _____ **Medical Insurance** _____

Insurance Number _____

VI. Allergies or Other Medical Limitations _____

Medications Taken: _____

VII. 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. In the event of a major disaster all adults on this form are authorized to remove this child from the center.

Signature _____ Date _____

Parent or Guardian