



# Little Seeds Children's Center and Peter Pan Schools



## IDENTIFICATION AND EMERGENCY INFORMATION

To be completed by Parent or Guardian

CHILD'S NAME				START DATE
ADDRESS	STREET	CITY	ZIP	BIRTHDATE
FATHER'S NAME		RESIDES WITH CHILD? YES <input type="checkbox"/> NO <input type="checkbox"/>		CELL PHONE
		EMAIL ADDRESS:		
FATHER'S EMPLOYER				BUSINESS TELEPHONE
MOTHER'S NAME		RESIDES WITH CHILD? YES <input type="checkbox"/> NO <input type="checkbox"/>		CELL PHONE
		EMAIL ADDRESS:		
MOTHER'S EMPLOYER				BUSINESS TELEPHONE
PERSON RESPONSIBLE FOR CHILD		LAST NAME	FIRST	HOME TELEPHONE

### ADDITIONAL PERSONS WHO MAY BE CALLED IF PARENT CANNOT BE CONTACTED

NAME	ADDRESS	TELEPHONE	RELATIONSHIP TO CHILD

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND #	TELEPHONE
DENTIST	ADDRESS	MEDICAL PLAN AND #	TELEPHONE

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION TO BE TAKEN?

CALL EMERGENCY HOSPITAL  OTHER EXPLAIN

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM SCHOOL

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN)

FULL NAME	TELEPHONE	RELATIONSHIP TO CHILD

SPECIAL NEEDS/ALLERGIES

SIGNATURE OF PARENT OR GUARDIAN	DATE:
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### TO BE COMPLETED BY SCHOOL DIRECTOR

DATE OF ADMISSION: (START DATE)	DATE LEFT:
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