

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**  
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN  
AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY  
CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

PERSON RESPONSIBLE FOR CHILD	HOME ADDRESS	HOME TELEPHONE	BUSINESS TELEPHONE

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY			
NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY		
PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?  
 CALL EMERGENCY HOSPITAL     OTHER EXPLAIN \_\_\_\_\_