

Child Information Card
State of Delaware
Department of Service for Children, Youth, and Their Families

Child's Information:

Child's Name:	Date of Birth:
Child's Address:	
Hours and days child is scheduled to attend:	

Parent/Guardian Information
Emergency Contact/Authorized to Pick-up Child

(1) Name:	(2) Name:
Address, if different from child's:	Address, if different from child's:
Work Phone:	Work Phone:
Hours of employment:	Hours of employment:
Employer name and address:	Employer name and address:
Email Address:	Email Address:
Phone Carrier (At&t, etc):	Phone Carrier: (At&t, etc):

Additional Emergency Contacts and People Authorize to Pick-Up Child:

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Emergency Medical Care

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Transportation

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the center.

 Signature of parent/guardian

 Date

Medical Information:

Name of child's physician:	Office Phone:
Special Medical Information, medications, allergies, dust:	Health Insurance Identification Information:

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.