

(Facility's Name)

Date of Admission

Date of Discharge

DCD - A/N
Form 9A-r

Child's Care and Emergency Information

Name of Child (Last, First, Middle Initial)		Name of Parents		
Child's Date of Birth	Home Phone Number ()	Address (Number and Street)		
Allergies, if any:		City	State	Zip Code
Special Health Conditions, if any:				
1. Parent's Location When Child's in Care (Employer, School, etc.)		Hours of Employment	Phone Number ()	
Address (Number and Street)		City	State	Zip Code
2. Parent's Location When Child's in Care (Employer, School, etc.)		Hours of Employment	Phone Number ()	
Address (Number and Street)		City	State	Zip Code

PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE

Name	Phone Number ()		
Address (Number and Street)	City	State	Zip Code

NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED

1.	3.
2.	4.

SEE REVERSE FOR ADDITIONAL INFORMATION

REVISED SAMPLE 6/99

Emergency treatment and transportation:

I hereby give permission to _____
(Child Care Provider)

licensed by the Division of Child Development to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in care.

Non-emergency medical treatment or elective surgery is not included in this authorization.

Signature of Parent or Guardian	Date Signed
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Name of Child's Physician or Health Clinic	Office Hours	Phone Number ()	
Address (Number and Street)	City	State	Zip Code
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number		
Name of Child's Dentist	Office Hours	Phone Number ()	
Address (Number and Street)	City	State	Zip Code

Field Trips and Outside Play:

I hereby give permission to _____ for my child to participate
(Child Care Provider)

in a walking trip or to be transported in a vehicle for a field trip.

I understand that provision will be made for daily rest and outside play.

Signature of Parent or Guardian	Date Signed
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(Can be duplicated on the front/back of a 5 x 8 inch card)

REVISED SAMPLE 6/99