

# Required Identification and Emergency Information Child Care Centers / Family Child Care Homes

*This form requires form fields to be completed and your digital signature at the end.*

*Use the TAB button for ease of navigation.*

**Approximate Time to Complete: Approximately 30 minutes**

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION  
LIC 627 (9/08) (CONFIDENTIAL)

## IDENTIFICATION AND EMERGENCY INFORMATION

### CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

**To Be Completed by Parent or Authorized Representative**

Child's Last Name

Child's Middle Name

Child's First Name

Gender:

☐ Male

☐ Female

Child's Date of Birth (mm/dd/yyyy):

Child's Address Line 1

Child's Address Line 2 (Optional)

City

State

Zip

Child's Primary Phone #

Father's/Guardian's/Father's Domestic Partner's Name (First, Last)

Father's/Guardian's/Father's Domestic Partner's Address Line 1

Father's/Guardian's/Father's Domestic Partner's Address Line 2 (Optional)

City

State

Zip



Father's/Guardian's/Father's Domestic Partner's Primary Phone #

Father's/Guardian's/Father's Domestic Partner's Business Phone # (Optional)

Mother's/Guardian's/Mothers Domestic Partner's Name (First, Last)

Mother's/Guardian's/Mothers Domestic Partner's Address Line 1

Mother's/Guardian's/Mothers Domestic Partner's Address Line 2 (Optional)

CityStateZip

Mother's/Guardian's/Mothers Domestic Partner's Primary Phone #

Mother's/Guardian's/Mothers Domestic Partner's Business Phone # (Optional)

Person Responsible for Child's Name (First, Last)

Person Responsible for Child's Primary Phone #

Person Responsible for Child's Business Phone # (Optional)

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Emergency Contact 1's First NameEmergency Contact 1's Last Name

Emergency Contact 1's Address Line 1 (Optional)

Emergency Contact 1's Address Line 2 (Optional)

CityStateZip

Emergency Contact 1's Phone #Emergency Contact 1's Relationship to Child

Emergency Contact 2's First NameEmergency Contact 2's Last Name

Emergency Contact 2's Address Line 1 (Optional)

Emergency Contact 2's Address Line 2 (Optional)

CityStateZip

Emergency Contact 2's Phone #Emergency Contact 2's Relationship to Child

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY



Physician's First Name	Physician's Last Name	
Physician's Address Line 1		
Physician's Address Line 2 (Optional)		
City	State	Zip
Medical Plan & Number	Physician's Phone #	

Dentist's First Name	Dentist's Last Name	
Dentist's Address Line 1		
Dentist's Address Line 2 (Optional)		
City	State	Zip
Medical Plan & Number	Dentist's Phone #	

**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)

Authorized Pick Up Person 1 (Optional)	Relationship to Child (Optional)
Authorized Pick Up Person 2 (Optional)	Relationship to Child (Optional)
Authorized Pick Up Person 3 (Optional)	Relationship to Child (Optional)
Authorized Pick Up Person 4 (Optional)	Relationship to Child (Optional)
Authorized Pick Up Person 5 (Optional)	Relationship to Child (Optional)

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

Date of Admission: \_\_\_\_\_ Date Left: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

**Child Care Centers Or Family Child Care Homes**



AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO **Technique Adventure and Activity Camp** TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR Child's Name (First, Middle, Last). THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

Child has the following medication allergies:

LIC 627 (9/08) (CONFIDENTIAL)

X

X

Kathy Olvera

Signed By Kathy Olvera  
Signed On: June 18, 2019



# Signature Certificate

Document name: Required Identification and Emergency Information  
Child Care Centers / Family Child Care Homes

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