

**CHILD INFORMATION CARD**  
**State of Delaware**  
**Department of Education**

<b>Child's Information</b>			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
<b>Parent/Guardian Information (1)</b>		<b>Parent/Guardian Information (2)</b>	
Emergency Contact/Authorized to Pick-up Child		Emergency Contact/Authorized to Pick-up Child	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home phone:	Cell phone:	Home phone:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	
<b>Additional Emergency Contacts and People Authorized to Pick-up Child</b>			
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 licensee/staff/substitute.

\_\_\_\_\_  
 Signature of parent/guardian

\_\_\_\_\_  
 Date

<b>Medical Information</b>	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	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.*