

EMERGENCY AND IDENTIFICATION INFORMATION

FAMILY INFORMATION

Child's Name _____	Date of Birth _____
Child's Home Address _____	
Parent/ Guardian _____	Home Phone _____
Place of Employment _____	Work Phone _____
Email Address _____	Cell Phone/Pager _____
Parent/Guardian _____	Home Phone _____
Place of Employment _____	Work Phone _____
Email Address _____	Cell Phone/Pager _____

PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

*Put in order of priority of who should be called to pick up a sick/injured child when parents cannot be reached. Any person listed below or on a past Emergency and Identification Form, has the authority to pick up all children in the family unless an exception is requested in writing by the parent. Updates will be made to all siblings' emergency forms based on the information provided here. Reminder: Persons Authorized to pick up your child will not be deleted unless you submit a written request to remove their name from one or all of your children's Emergency and Identification Forms.

Name	Address	Phone	Relationship

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO THE STAFF OF THE ASSOCIATED STUDENTS SDSU CHILDREN'S CENTER TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR _____.

NAME OF CHILD

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT. CHILD HAS THE FOLLOWING MEDICATION/FOOD ALLERGIES:

DATE

PARENT/AGENCY REPRESENTATIVE/GUARDIAN SIGNATURE

MEDICAL INFORMATION

Physician's Name _____	Phone _____
Dentist's Name _____	Phone _____
Insurance Carrier _____	Policy # _____