

**IDENTIFICATION AND
EMERGENCY INFORMATION**

To be completed by Parent or Authorized Representative

Child's Classroom:

- Transition Preschool
- PreKindergarten Preschool

Child's Full Name _____ Date of Birth _____ School Year _____

Child's Street Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Parent/Guardian 1: Name _____ Relationship _____ Email Address _____

Home Phone: _____ Cell Phone _____ Work Phone _____

Street Address (if different) _____ City _____ State _____ Zip Code _____

Parent/Guardian 2: Name _____ Relationship _____ Email Address _____

Home Phone: _____ Cell Phone _____ Work Phone _____

Street Address (if different) _____ City _____ State _____ Zip Code _____

Please describe any pertinent legal or physical custody arrangements or visitation schedules: Attach extra page if necessary. If living separately, to whom should correspondence be addressed?

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	TELEPHONE	RELATIONSHIP
1.		
2.		
3.		
4.		

PHYSICIAN AND/OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	TELEPHONE	MEDICAL INSURANCE CARRIER/NAME OF INSURED/ POLICY #
			/ /
DENTIST	ADDRESS	TELEPHONE	DENTAL INSURANCE CARRIER/ NAME OF INSURED/POLICY #
			/ /

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

NAME	RELATIONSHIP	NAME	RELATIONSHIP
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

Describe any additional routine childcare and educational arrangements for this child for the upcoming school year.

The above information is essential. If any of the information requested on this form changes, please notify the CCFS office staff immediately.

Signature of Parent, Guardian or Authorized Representative

Date

PERMISSIONS FORM

CCFS Early Childhood Lab School

ALL questions must be completed.

Child's Full Name _____

Child's Classroom/School Year _____ / _____

- **Field Trip Consent:** See Parent Handbook page 12.

I give permission for my child to participate in excursions (walking or in buggies) to nearby sites. These will be led and supervised by ECL Staff. Notice about each walking trip will be posted for parents ahead of time.

Initial Yes ___ No ___

- **Photo Consent:**

I grant permission to the Early Childhood Laboratory and to those acting with its permission to include photographs of my child in educational and informational materials as described in the Parent Handbook. I understand that I have no ownership interest in the photograph(s) or materials in which they are included and that I will not receive payment of any kind for their use. I understand that my child's name will not be used (except for *first* name references in classroom newsletters). I release the ECL and its assignees from any claims arising from the use of such photographs.

Initial Yes ___ No ___

- **Consent for Emergency Medical Treatment** -Child Care Center

As the parent, domestic partner, or authorized representative, I hereby give consent to the Center for Child and Family Studies 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 full name). This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of the child named above.

Child has the following medication allergies: _____ or none _____

Initial _____

I, as parent/guardian, give my permission as described above and in accordance with the conditions stated here. I understand that by giving these permissions, I have waived all claims against the University, its employees, or the State of California for injury, accident, illness or death.

Parent, Domestic Partner or Authorized Representative Signature

Date

Print Name _____

Complete BOTH Sides -->