Child's Full Name				Birth dat	e	
Child Lives With - Name	Home Ac	ddress		I		
Work Phone: (Mom or Guardian if Applicab	le)	Name of Employer & Location:				
Work Phone: (Dad or Guardian if Applicable	e)	Name o	f Emp	loyer & Locat	ion:	
Name:		Name				
Cell Phones: Home Phone:		Cell Phones: Home Phone:				
Email Address:		Email Address:				
Email Address:		Email Address:				
When parent/guardian is una contact listed below. You must	t inform these conta	•		•		
<b>Emergency Contact</b>	Address			Home Phon	e:	
Relationship to Child:				Work Phon	e:	
				Cell:		
<b>Emergency Contact</b>	Address			Home Phon	e:	
				Work Phon	e:	
Relationship to Child:				Cell:		
Child's Doctor & Clinic	Address		Phone			
Preferred Hospital - Only for	r Non Life Threate	ning Situatio	n:			
Child's Dentist	Address	3		Phone		
Health Insurance Coverage i	n case of an emerge	ency: Policy	Holde	r		
Company		Policy	Numb	er		
Allergies/Medical Concerns:			Order of protection on file (circle one) Yes No			
I ICCP  I, the undersigned, hereby give my staff, for the above named child to care as recommended by the physical which is not covered by insurance classroom, and in the Love To Gr	b be taken by ambulan sician/dentist. I accept and/or Medical Assis	ce to the neare responsibility	st approfor any	opriate facility for costs arising from	or all necessary medica om such treatment	
rent/Guardian Signature	Date	Witness (required if parent unable to sign) Date				

Ι,	authorize staff of Love T	o Grow On Child Care to				
	hild, to the following people. I understand					
	will be allowed to pick up my child and th					
show proper identification be	efore picking up my child.					
Name	Relationship to Child	Phone Number				
	_					
	iduals you, the guardian, authorize to have					
your child. You may want to cannot be reached or are una	include your emergency contacts in case o	f an emergency at a time when you				
cannot be reached of are una	(vanable					
Notes:						
Parent Signature		Date				