

CHILD INFORMATION CARD
State of Delaware
Department of Services for Children, Youth and Their Families

Name of Child (Last, First, Middle Initial)	Birthdate	Date of Admission
		Date of Discharge
Name of Parent(s)	Home Address	Home Phone Number
1. Employer	Hours of Employment	
Business Address	Business Phone No.	
2. Employer	Hours of Employment	
Business Address	Business Phone No.	

Person Other Than Parent to be Notified in Emergency
Situation When Parent is not Available

Name	Address	Phone Number
------	---------	--------------

Names of Persons Other Than Parent To Whom Child May Be Released

1	3
2	4

LS - 006

Additional Information on Reverse side

[] 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 with his/her caregiver.

Signature of Parent or Guardian	Date
---------------------------------	------

Name of Child's Physician	Address	Phone No.	Office Hours
---------------------------	---------	-----------	--------------

Special Medical Information (Allergies, etc.)	Health Insurance Identification Information
--------------------------------------------------	---------------------------------------------

The above information is essential for your child's protection - Be sure to keep the information current

LS - 006