SOLANO FAMILY & CHILDREN'S SERVICES

421 Executive Court North - Fairfield, CA 94534-4019 – (707) 863-3950 – Fax: (707) 863-3975

FSS Initials

EMERGENCY AND IDENTIFICATION INFORMATION

FAMILY INFORMATION

Mother's Name: _____ Phone: (____) _____ Other: (____) _____

Home Address: _____ City: _____ State: ____ Zip: _____

Mother's business address: _____ City: _____ State: ____ Zip: _____ Work Ph: (____) _____

Mother's Email Address: _____

Father's Name: _____ Phone: (____) _____ Other: (____) _____

Home Address: _____ City: _____ State: ____ Zip: _____

Father's business address: _____ City: _____ State: ____ Zip: _____ Work Ph: (____) _____

Father's Email Address: _____

CHILD INFORMATION

Child's Name (Last Name): _____ (First Name): _____ Date of Birth: _____

Child's Name (Last Name): _____ (First Name): _____ Date of Birth: _____

Child's Name (Last Name): _____ (First Name): _____ Date of Birth: _____

Child's Name (Last Name): _____ (First Name): _____ Date of Birth: _____

Child's Name (Last Name): _____ (First Name): _____ Date of Birth: _____

PERSONS AUTHORIZED TO PICK CHILDREN UP FROM THE FACILITY **(Children will not be allowed to leave with other people without written permission from parent.)**

	NAME	ADDRESS	TELEPHONE#	RELATIONSHIP
1)				
2)				
3)				

MEDICAL INFORMATION

Physician to be called in an emergency.

Name: _____ Phone: (____) _____

Address: _____

Preferred Hospital: _____

If your physician cannot be reached, what action should be taken? _____

_____

_____

CONSENT TO MEDICAL TREATMENT

Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. *In case of an accident or an emergency, I authorize my child care provider (and staff employed by my provider) to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of my child, at my expense.*

Signature: _____ Date: _____

Parent/Guardian

The purpose of this agency is to promote and advocate for the well-being of children and families in Solano County by providing Subsidized Child Care, Resources & Referrals, Provider/Parent Training and Education, the Child Care Food Program and Community Outreach to address the community's diverse and ever changing needs.