Solano Family & Children's Services
Your Child Care & Resource Connection

421 Executive Court North ♦ Fairfield, CA 94534-4019
Main: (707) 863-3950 ♦ Fax: (707) 863-3975
Email: info@solanofamily.org ♦ www.solanofamily.org

FSS Initials

EMERGENCY AND IDENTIFICATION INFORMATION

FAMILY INFORMATION

Parent A's Name: _____ Phone: (_____) _____ Other: (_____) _____

Parent B's Name: _____ Phone: (_____) _____ Other: (_____) _____

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

CHILD INFORMATION

Child's Name (Last Name): _____ (First Name): _____

Child's Name (Last Name): _____ (First Name): _____

Child's Name (Last Name): _____ (First Name): _____

Child's Name (Last Name): _____ (First Name): _____

Child's Name (Last Name): _____ (First Name): _____

OTHER ADULT(S) TO BE CONTACTED IN AN EMERGENCY

NAME ADDRESS TELEPHONE# RELATIONSHIP TO CHILD

1) _____

2) _____

PHYSICIAN TO BE CALLED IN AN EMERGENCY

Name: _____ Phone: (_____) _____

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.

Parent/Guardian Signature: _____ Date: _____