

## Orfalea Child Development Center at Ventura College Identification and Emergency Information

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home address \_\_\_\_\_ Home phone \_\_\_\_\_

City/Zip code \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Home address \_\_\_\_\_ Bus./cell phone \_\_\_\_\_

Occupation \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Home address \_\_\_\_\_ Bus./cell phone \_\_\_\_\_

Occupation \_\_\_\_\_

Who lives at home with the child? \_\_\_\_\_

\_\_\_\_\_

Physician to be called in an emergency:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business address \_\_\_\_\_

Name of person(s) authorized to take your child out of the Center and/or to be called in an emergency. (Children may only be released to parents, legal guardians and persons on this list. They may not be released to anyone under 18 years of age.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

900# of Parent or Legal Guardian \_\_\_\_\_

## Orfalea Child Development Center at Ventura College Identification and Emergency Information (page 2)

Additional names of person(s) authorized to take your child out of the Center and/or to be called in an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### Permission Form

\_\_\_\_\_  
Please Initial

1. In case of emergency, my child: may  may not  be given immediate and temporary first aid by the school staff and taken for emergency treatment to a doctor or hospital that the school can reach, if the child's doctor is unavailable.

\_\_\_\_\_  
Please Initial

2. Photographs and/or video footage: may  may not  be taken of my child for publicity use by Ventura College and/or for use by fieldwork classes.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Child Development Center Supervisor

\_\_\_\_\_  
Date