

Every Early Childhood Program is required to have certain information on file. These requirements are set forth in the rules and regulations for Early Childhood Services as adopted by the North Dakota Department of Human Services. All information requested herein is required and shall be kept confidential. Persons on the Authorization to Release Child list must be at least 18 years of age and able to document their age and identity.

Child's Information

Child's Name: _____ Birth Date: _____ Date Enrolled: _____
 Preferred or nickname: _____ Insurance Company: _____
 Name of Insured: _____ Insurance Policy #: _____

Guardian (mother)

Name: _____ Relationship to Child: Biological mother Step-parent Other _____
 Street Address: _____ City: _____ State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____ E-mail Address: _____
 Employer Name: _____
 Employment Phone: _____ Employment Address: _____

Guardian (father)

Name: _____ Relationship to Child: Biological father Step-parent Other _____
 Street Address: _____ City: _____ State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____ E-mail Address: _____
 Employer Name: _____
 Employment Phone: _____ Employment Address: _____

Emergency Authorization (in case of an emergency and parents cannot be reached, who should be contacted?)

Name: _____ Relationship to Child: _____ Work #: _____ Cell #: _____
 Name: _____ Relationship to Child: _____ Work #: _____ Cell #: _____

Medical Office Information:

Hospital to Contact in Emergency: _____ Hospital Phone #: _____
 Doctor's Name: _____ Clinic Phone #: _____

Dental Office Information:

Dental Clinic: _____ Dental Clinic Address: _____
Street address City State Zip
 Dentist Name: _____ Clinic Phone #: _____

I hereby authorize the Early Childhood Program to secure emergency medical treatment for my child under the following conditions:
 1. An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of the child, and
 2. Reasonable attempts to contact me have failed.

 Legal Guardian Signature Date

Authorization to Release Child

Unless otherwise authorized by you in writing, only the parent or legal guardian may pick up your child(ren) from the Early Childhood Program. List below any others you wish to authorize for this purpose.

Name: _____ Relationship to Child: _____ Phone#: _____
 Name: _____ Relationship to Child: _____ Phone#: _____

These people NOT authorized to pick up my child:

Name: _____ Relationship to Child: _____ Phone#: _____
 Name: _____ Relationship to Child: _____ Phone#: _____

For Director Use Only:

The identification of this child has been verified. As proof of identification, the child's parent's have provided:

____ Copy of child's birth certificate ____ Child's passport ____ Other _____

 Director Signature Date