**Appendix 9: Contact/Release Information Form for Disasters**

The top portion of this page should be filled out by parents when registering their child at the child care center/child care home and updated annually or as needed when information changes. In the event of an emergency situation the bottom portion of this form will be used to document the name of the person to whom the child was released to at the evacuation/shelter site.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Last Name:** | | Click here to enter name | | **First Name:** | | | | Click here to enter name | | |
| **DOB:** | | Click to enter date. | **Address:** | Click here to enter address | | | | | | |
| **Mother’s Name:** | | Click here to enter name | | **DOB:** | | Click to enter a date. | | | **Day Phone:** Click to enter number | |
| **Cell Phone:** Click to enter number | |
| **Father’s Name:** | | Click here to enter name | | **DOB:** | | Click to enter a date. | | | **Day Phone:** Click to enter number | |
| **Cell Phone:** Click to enter number | |
| **Legal Guardian’s Name (If different than above):** | | Click here to enter name | | **DOB:** | | Click to enter a date. | | | **Day Phone:** Click to enter number | |
| **Cell Phone:** Click to enter number | |
|  | | | | | | | | | | |
| If I/we are unable to pick up my/our child, I/we designate the following people to whom my/our child may be released in case of emergency. | | | | | | | | | | |
| **Name:** | Click here to enter name | | | **DOB** | | Click to enter a date. | | | | **Phone:** Click to enter number |
| **Name:** | Click here to enter name | | | **DOB** | | Click to enter a date. | | | | **Phone:** Click to enter number |
| **Name:** | Click here to enter name | | | **DOB** | | Click to enter a date. | | | | **Phone:** Click to enter number |
| **Name:** | Click here to enter name | | | **DOB** | | Click to enter a date. | | | | **Phone:** Click to enter number |
|  | | | | | | | | | | |
| If telephone service is interrupted due to a major disaster, long distance service will be the first service repaired. Please list a friend of family member, who lives out of state that we can call with information in case local telephone service is interrupted. | | | | | | | | | | |
| **Name:** | Click here to enter name | | | | **Phone** | | Click to enter number | | | |
|  | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FOR CHILD CARE CENTER/CHILD CARE HOME STAFF USE ONLY** | | | | | | |
| **Name of person child released to:** | |  | | **Released by**: |  | |
| **Proof of ID Provided:** |  | | **Date**: |  | **Time**: | **(AM) (PM)** |
| **Destination**: |  | | | | | |