Child/Parent Information

Complete one form for each child. Keep a copy of this information with your emergency kit(s).

|  |  |
| --- | --- |
| Child’s Information | |
| Child’s Full Name |  |
| Date of Birth |  |
| Address |  |
| Current medications |  |
| Medical conditions/allergies |  |
| Special needs or instructions |  |
| Physician name / phone |  |
| Parent / Guardian Information | |
| Full Name |  |
| Relationship to Child |  |
| Address |  |
| Phone Number(s) |  |
| Email Address(es) |  |
| Place of Employment |  |
| Parent / Guardian Information | |
| Full Name |  |
| Relationship to Child |  |
| Address |  |
| Phone Number(s) |  |
| Email Address(es) |  |
| Place of Employment | page4image53377584 |

Additional Emergency Contacts: (include those who have permission to pick up the child and an out of area contact in case of a disaster). Children will only be released to contacts listed on the child’s form who have proper identification.

Emergency Contacts name and phone number:  
1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will parents/guardians be contacted and reunite with children after the emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Preparedness for Child Care Professionals  
Washington State Department of Early Learning 2017©