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
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