

EMERGENCY PLAN INFO FORM

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	

Additional Emergency Contacts: 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: Staff will contact families by phone and discuss how best to reunify the kids with their parents/guardians.