Please fill out the following information. If you don't know the answer or the question doesn't apply, leave the answer blank.

**CHILD'S INFORMATION** 

First/Last Name:		
Nickname:	Birthday:	
Home Address:		
Home Phone:	E-mail:	
PARENT/GAUARDIA	AN CONTACT INFORMATION	1
l. Parent/Guardian:		
First/Last Name:		
Work Phone:	Home Phone:	Cell:
	owing, include your email address, ī	
E-mail:	Twitter:	Facebook:
2. Parent/Guardian:		
First/Last Name:		
Work Address:		
		Cell:
If you have any of the foll	owing, include your email address, ī	Twitter and Facebook names
E-mail:	Twitter:	Facebook:

#### **RELEASE INFORMATION**

You are authorized to release my child to the parents/guardians above and:

I. First/Last Name:			
Address:			
Relationship to Child:			
Work Phone:			
E-mail:	Twitter:	Facebook:	
2. First/Last Name:			
Address:			
Relationship to Child:			
Work Phone:			
E-mail:	Twitter:		
3. First/Last Name:			
Address:			
Work Phone:	Home Phone:	Cell:	
E-mail:	Twitter:	Facebook:	

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# **OUT-OF-TOWN CONTACT** (in case local contacts cannot be reached) First and Last Name: Relationship to Child: Work Address: Home Address: Work Phone: Home Phone: Cell: Twitter: E-mail: **MEDICAL OR SPECIAL CARE INFORMATION** My child has the following medical conditions and allergies: My child takes the following prescription medications: My child needs the following medical treatment or care:

### **MY CHILD'S DOCTORS ARE**

1. First/Last Name:	
Specialy (e.g., pediatrics):	
Address:	
Work Phone:	Cell:
2. First/Last Name:	
Specialy (e.g., pediatrics):	
Address:	
Work Phone:	Cell:
3. First/Last Name:	
Specialy (e.g., pediatrics):	
Address:	
Work Phone:	Cell:
Other important information or instructions:	
I grant permission for the caregiver program to provi transportation to an evacuation site and/or medical emergency or disaster. I also grant permission for my contacts I have designated on the previous page if I a	facility for my child, identified above, during an y child to be released to any of the emergency
Printed Parent/Guardian Name:	
Parent/Guardian Signature:	Date: