EFM RESPITE CARE EMERGENCY CONTACT & RELEASE INFORMATION

Child's Name	Date of Birth	Gender

_____ _____

Parent's (Service Member)/Guardian's Name Parent's (Spouse)/Guardian's Name

(____)_____ (____)_____ (____)_____ (____)_____ (____)_____

Home Phone Work Phone-SM Cell Phone-SM Work Phone - SP Cell Phone-SP

_____

Address

_____

City, State Zip Code

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name	Telephone	Relationship

PERSONS AUTHORIZED TO RELEASE RESPITE CARE PROVIDER

Name	Relationship

RELEASE

In case of an emergency, I_____, understand that every effort will be made to contact me. However, if I cannot be reached I give permission for my authorized provider(s), and/or _____ to contact and/or release my child(ren) (listed above) to the person(s) authorized in the designated sections above. My signature below affirms my agreement.

_____ _____

Parent's / Guardian's Signature Date