EFM RESPITE CARE
EMERGENCY CONTACT
& RELEASE INFORMATION

Child's Name	Date of Birth	Gender

PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Full Name	Telephone	Relationship	Authorized to release respite care provider (must check one)

*AT LEAST ONE PERSON MUST BE LISTED AS AN EMERGENCY CONTACT

PARENT AGREEMENT

By signing below, I understand and agree that in case of an emergency every effort will be made to contact me. However, if I cannot be reached, I give permission for my authorized respite care provider(s), and/or my local partner agency to contact and/or release my child(ren) (listed above) to the person(s) authorized in the designated section above.

_____
Sponsor Name Work Phone Cell Phone

_____
Spouse/Legal Guardian Work Phone Cell Phone

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature (I confirm the above information is still valid.) Date (Year 2)

_____ _____
Parent/Guardian Signature (I confirm the above information is still valid.) Date (Year 3)