



PERSONS WHO MAY BE CALLED IN AN EMERGENCY

****AT LEAST ONE PERSON OTHER THAN THE PARENT(S) RECEIVING RESPITE CARE MUST BE LISTED AS AN EMERGENCY CONTACT IN THE EVENT THE PARENTS CANNOT BE REACHED****

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.

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