



**EFMP RESPITE CARE
EMERGENCY RELEASE OF PROVIDER LOG**

This form is used anytime a provider releases a child(ren) from respite care to an approved person listed on the *Emergency Contact and Release* form.

Month of Care _____ Year _____

Family Name _____ Family ID _____

Child's Name

On _____ at _____ I hereby released _____ from EFMP Respite Care.
(Date) (Time) (Provider's Name)

I agree that I am listed on the family's *Emergency Contact and Release* form which was verified by the provider.

I have accepted the above listed children into my care and released the provider from responsibility.

Print Emergency Release Designee's Name

Today's Date

Signature of Emergency Release Designee

Signature of Respite Child Provider

****Provider must submit completed form to partner agency***