



**DOD IN-HOME CHILD CARE FEE ASSISTANCE
EMERGENCY CONTACT
& RELEASE INFORMATION**

Child's Name	Date of Birth	Gender

PERSONS WHO MAY BE CALLED IN AN EMERGENCY
(AT LEAST ONE PERSON MUST BE LISTED AS AN EMERGENCY CONTACT)

Full Name	Telephone	Relationship	*Authorized individual for child care provider to release child(ren) to, in lieu of parents <i>(must check one)</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

*Should the parents be unable to relieve the child care provider, or should the child care provider need to leave unexpectedly, due to an emergency and care cannot be completed as scheduled, these individuals are authorized to release the child care provider on behalf of the family. Parents/providers will make every effort to contact the other party to inform who will be contacted and, if needed, caring for the children.

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 in-home child care provider 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)