**The Child Abuse Prevention Center**

**EMERGENCY NOTIFICATION FORM**

**2020-2021 Program Year**

**In case of emergency, I request the following person be notified first if possible:**

Primary Emergency Contact's Name:

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_

Secondary Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_

**In case of emergency, I request the following person to be notified if the above person cannot be reached:**

Secondary Emergency Contact's Name:

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_

Secondary Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_

You are responsible for notifying your Service Site and the Child Abuse Prevention Center of changes to your emergency notification information.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Member Print Name |  | Member Signature |
|  |  |  |
| Date |  |  |