



Disaster and Emergency Form

Name of Family: _____

1. Identify where you would go in case of an emergency evacuation of your home.

Type of place: (i.e. relative/friend, shelter, hotel) _____

Contact name: _____

Full address (including zip code and country): _____

Phone Number:

2. Identify where you would go in case of an emergency evacuation of your entire city.

3. Type of place: (i.e. relative/friend, shelter, hotel)

Contact name:

Full address (including zip code and country):

Phone Number:

4. What are two emergency phone numbers where you could be reached (not including your own):

Phone Number 1:

Phone Number 2:

I/We understand that as a foster family I/we are required to follow local and state evacuation procedures. I/We understand that in any emergency, I/we must maintain appropriate supervision of all children always. I/We will utilize all resources for emergency assistance including local law enforcement and/or EMS as needed.

Foster Parent

Date

Foster Parent

Date