



**The Lutheran School of Lexington
CHILD CARE EMERGENCY/DISASTER PREPAREDNESS PARENT
INFORMATION FORM FOR REUNIFICATION**

Name of Provider/Program	
Program address	
Emergency/ Disaster contact at the child care program	
Phone number of emergency/disaster contact	
Cell phone of emergency/disaster contact (Please do not call cell phone number during non-emergencies; it will not be turned on.)	
In the event the facility\home must be evacuated because of an emergency/disaster, the staff and children will leave the building and gather in the immediate area at	
In the event the facility\home must be evacuated because of an emergency/disaster in the immediate area the children and staff will be transported by _____ to	
The address, phone number, and contact person at the relocation site is	
The address, phone number, and contact person of the alternate relocation site (#2) if the first relocation is not accessible, is	
If necessary, children will be transported to this health care facility	
Address, phone number, and position title of contact at health care facility	

* Please see your child care provider if you would like to review the complete emergency/disaster preparedness plan.