

Name of program:	
Program address:	
Emergency contact at program:	
Phone number of emergency contact:	
Cell phone of emergency contact: <i>(Please do not call cell phone number during non-emergencies.)</i>	
In the event the facility must be evacuated because of a confined emergency, the staff and children will leave the building and gather in the immediate area at:	
In the event the facility must be evacuated because of an emergency in the immediate area the children and staff will be transported by _____ to:	
The address, phone number, and contact person at the assembly area is:	
If necessary, children will be transported to this health care facility:	
Address, phone number, and contact person at health care facility:	