

CHILD RELEASE INFORMATION

In the event of an emergency evacuation, your child may be in our care.
We must know all emergency contact information, local, non-local, and stateside.

Sponsor's Name: _____

Date: _____

LOCAL PREFERENCE:

Name: _____

Address (Local and FPO): _____

Work Phone: _____ **Home Phone:** _____

This Person has a Power of Attorney: _____ **Yes** _____ **No**

NON-LOCAL PREFERENCE:

Name: _____

Address: _____

City/State/Zip Code: _____

Work Phone: _____ **Home Phone:** _____

This Person has a Power of Attorney: _____ **Yes** _____ **No**

SIGNATURE: _____

DATE: _____