



Parent Emergency Transportation Information Form

Prepared and provided by Child Care Aware® of North Dakota

Name of Program: _____

Program Address: _____

Emergency Contact at program: _____

Phone Number of Emergency Contact: _____

Cell Phone of Emergency Contact: _____

Please do not call cell phone number during non-emergencies

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:
