

**IN CASE OF EMERGENCY**  
In the event I am incapacitated,  
please see inside for information  
regarding the care of my children.



Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby designate the individual listed above to care for my children in the event I am incapacitated due to substance abuse.

Relationship: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Address: \_\_\_\_\_ Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

Full Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

**DESIGNATED CAREGIVER INFORMATION**

**Notification and Designation of Caregiver Due to Incapacity**

**PARENT INFORMATION**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN or Gov't ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name and Contact Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION REGARDING MINOR CHILDREN**

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Location: \_\_\_\_\_

Cell Phone: \_\_\_\_\_