Child Identification Card

(to be placed out-of-sight on each child during an evacuation)

**Please PRINT CLEARLY**

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Parent/Guardian Name #1** |  |
| **Parent/Guardian Name #2** |  |
| **Address** |  |
| **Home Phone** |  |
| **Parent/Guardian #1 Day Phone** |  |
| **Parent/Guardian #1 Cell Phone** |  |
| **Neighbor/Friend Name and Phone** |  |
| **Contact Outside of Area**  **Name and Phone** |  |
| **Child Care Program Name** | Lollipop Lane Preschool |
| **Child Care Program Phone** | 785-364-3275 |