

# Designated Caregiver Information

**Full Name:**

\_\_\_\_\_

Last First M.I.

**Address:**

\_\_\_\_\_

Street Address Apartment/Unit#

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

**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

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

**I hereby designate the individual listed above to care for my children in the event I am incapacitated due to COVID-19.**

\_\_\_\_\_

Parent Signature

Date

# Information Regarding Minor Children

**Child:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Child:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Child:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Child:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Child Location:** \_\_\_\_\_

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