



CARLISLE POLICE DEPARTMENT

Carlisle, Massachusetts

Andrew Amendola
Chief of Police

ICE MINOR CHILD IN CASE OF EMERGENCY

In the event of a family emergency where parents cannot be reached or are otherwise incapacitated, noted below is information for the Carlisle Police Department to use in obtaining short term care of my (our) minor children.

Parents Information:

Parent #1:

Address:
Relation to Children:
Home Phone:
Cell Phone:
Place of Work:
Work Phone:

Parent #2:

Address:
Relation to Children:
Home Phone:
Cell Phone:
Place of Work:
Work Phone:

Parent #3:

Address:
Relation to Children:
Home Phone:
Cell Phone:
Place of Work:
Work Phone:

Parent #4:

Address:
Relation to Children:
Home Phone:
Cell Phone:
Place of Work:
Work Phone:

Children's Information:

Child #1 Name:

Date of Birth:
School Name and Address:
Summer or Afterschool Program and Address:
Physical or Emotional conditions that would be helpful to First Responders:
___ Allergies ___ Learning or Behavior Conditions ___ Diabetes ___ Other: _____

Child #2 Name:

Date of Birth:

School Name and Address:

Summer or Afterschool Program and Address:

Physical or Emotional conditions that would be helpful to First Responders:

___Allergies ___Learning or Behavior Conditions ___Diabetes ___Other: _____

Child #3 Name:

Date of Birth:

School Name and Address:

Summer or Afterschool Program and Address:

Physical or Emotional conditions that would be helpful to First Responders:

___Allergies ___Learning or Behavior Conditions ___Diabetes ___Other: _____

Child #4 Name:

Date of Birth:

School Name and Address:

Summer or Afterschool Program and Address:

Physical or Emotional conditions that would be helpful to First Responders:

___Allergies ___Learning or Behavior Conditions ___Diabetes ___Other: _____

(FOR ADDITIONAL CHILDREN PLEASE ADD ON A SEPARATE PIECE OF PAPER INCLUDING ALL INFORMATION NOTED ABOVE)

If we as parents are unreachable, if we will need significant travel time or are otherwise incapacitated, we hereby request the Carlisle Police Department to contact and release our minor children to the following individuals. If the first named individual(s) on the list is/are not available, we request that subsequent contacts be made in order on the list.

Emergency Contact #1 Name:

Address:

Home Phone:

Cell Phone:

Place of Work:

Work Phone:

Relation to Child:

Emergency Contact #2 Name:

Address:

Home Phone:

Cell Phone:

Place of Work:

Work Phone:

Relation to Child:

Next of Kin:

Address:

Home Phone:

Cell Phone:

Place of Work:

Work Phone:

Relation to Child:

Carlisle Police Department- 41 Lowell Street, Carlisle, Massachusetts 01741
Telephone (978) 369-1155 ■ Facsimile (978) 369-1819 ■ Email: cpd@carlislepolice.com

Parents Printed Name(s):

Signature

Signature

Date: _____