



Emergency Contact Information Form

Name(s) of Children: _____

Care will be provided From: _____ To: _____

Type of care:

Alternative Caregiver

Respite Care

Babysitter

Caregiver

Name: _____ Phone: _____

Address (if applicable): _____

Resource Family

Name: _____ Emergency Phone Number(s): _____

Serenity

Social Worker: _____ Phone Number: _____

SW Supervisor: _____

Serenity Phone Number: (626) 859-6200

Serenity Emergency Phone: (626) 347-0950

In life threatening situations, please call 911 then call Serenity.

For Occasional Short-term Babysitters and Alternative Caregivers:

I have ensured that the above caregiver and their home meet the requirements for the Interim Licensing Standards and Reasonable and Prudent Parenting Standards. I have reviewed foster care Emergency Procedures with the above caregiver. (ILS 88487.5 (d)) As needed for the safety and welfare of all parties, I have informed the above caregiver of any significant information related to emotional, behavioral, medical, or physical conditions of the above named child. (ILS 88487.13 (G) 1) I understand I am only to share information that is required for the care of the child and am to seek to maintain confidentiality of the child.

Resource Parent #1 Signature: _____

Resource Parent #2 Signature: _____

For Babysitters and Respite Care Providers:

In accordance with the requirements of the Reasonable and Prudent Parenting Standards 88487.12, Serenity, Inc. Foster Care & Adoption has been made aware of the care-provider(s) named above for the care and necessary medical needs of the minor. The child's CSW has been notified as required.

In the event that babysitting and/or respite care is provided in the home of the babysitter or respite provider, a Resource Family Home Health and Safety Assessment Checklist evaluation must be completed and current.

I have confirmed that there is a current and completed approved Resource Family Home Health and Safety Assessment Checklist for the home of the above caregiver, and the home meets the required standards.

Serenity Social Worker Signature: _____

Supervising Serenity Social Worker Signature: _____