

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
EMERGENCY RESERVATION FORM

Child's Full Name:	Date of Birth: / /	Gender:
--------------------	----------------------------	---------

Instructions

- To be completed by parent/guardian prior to emergency reservation.
- A parent/guardian signature is required.

The following questions must be answered:

- Yes No Within the last 14 days, has your child traveled to a country that the federal Centers for Disease Control and Prevention said should be avoided for nonessential travel or where travelers should practice enhanced precautions? (China, Iran, Italy, South Korea, Japan)?
- Yes No Has your child had contact with any **person with known COVID-19 or person under Investigation for COVID-19?**
- Yes No Does your child have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, shortness of breath)?
- Yes No Are you or anyone in your home in active quarantine status?
- Yes No Is your child enrolled in a school or child care program?
If yes, please provide the name(s) of your child's school and/or child care program:
- Yes No Is your child's school under mandatory closure due to a confirmed case of COVID-19?
- Yes No Is your child's current program under mandatory closure due to a confirmed case of COVID-19?

Contact Information

Child's Home Address:			
Parent's Name and Address (if different than child):			
Parent's phone contact (home, cell and work):			
EMERGENCY CONTACT NAMES/ADDRESSES	AUTHORIZED TO PICK UP CHILD	PRIMARY PHONE NUMBER () -	OTHER PHONE NUMBER/EMAIL () -
Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text