



## ACKNOWLEDGMENT OF PARTICIPATION IN EVACUATION DRILLS

**Name of Child:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_

I am aware that my child will be involved in practicing evacuation drills while being supervised by the staff of Hills Community Child Care.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_