

Name: _____

Lawson Number: _____

Child's Name: _____ Age: _____

Current Care Provider or School:

Reason for Care Unavailability (*For example - school is closed*):

By making this request I hereby affirm that my child's school and/or childcare provider is closed due to COVID-19 and that I am the only suitable person available to provide care for my child.

Signature _____ Date: _____