

## Emergency Substitute Statement

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I, \_\_\_\_\_ *(print name of emergency substitute)*,  
hereby certify that I am at least 18 years of age. I also certify that I have never been convicted of a crime, and I have never been investigated for abuse or neglect by any federal, state, or local government agency.

Signature of Emergency Substitute:

Date:

Signature of Licensee or Certificate Holder:

Date:

***This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are not required to use this form***