

Authorization for Emergency/Pick-up



Date: _____

Child's Name: _____

Parent's Name: _____

Additional person authorized to pick-up child from facility:

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

Additional person who may be called in an emergency:

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

Parent's Signature: _____