

PERSONS AUTHORIZED TO PICK UP CHILD

Identification is required when persons unknown to staff attempt to pick up a child

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACTS

Persons who may be called (other than yourselves) in case of an emergency

Name _____ Relationship to child _____
Address _____ City/State/Zip _____
Home Phone _____ Work/Cell Phone _____

Name _____ Relationship to child _____
Address _____ City/State/Zip _____
Home Phone _____ Work/Cell Phone _____

Name _____ Relationship to child _____
Address _____ City/State/Zip _____
Home Phone _____ Work/Cell Phone _____

MEDICAL PREFERENCES

Child's Physician _____ Address _____ Phone _____

Child's Dentist _____ Address _____ Phone _____

Child's Hospital _____ Address _____ Phone _____

Please note any medical issues (allergies, chronic medications, medical conditions) your child may have: _____
