

Emergency Contact/Pick Up Authorization Form

I, _____ (parent/guardian), authorize the following people on this form to pick up _____ (child's name). I understand that this authorization is good for one year from the date signed, and that these people will need identification to pick up this child.

Parent/Guardian Signature _____

Date _____

Person's Name _____

Person's Name _____

Relationship to Child _____

Relationship to Child _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Check if this person is an emergency contact

Check if this person is an emergency contact

Person's Name _____

Person's Name _____

Relationship to Child _____

Relationship to Child _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Check if this person is an emergency contact

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Person's Name _____

Person's Name _____

Relationship to Child _____

Relationship to Child _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Check if this person is an emergency contact

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