



EMERGENCY CONTACT INFORMATION / PICK-UP AUTHORIZATION FORM

Program Name: _____ Start Date(s): _____ End Date(s): _____

This form must be completed in full, signed by a parent or guardian, and submitted PRIOR to pick-up on the first day of the program or activity.

I. CHILD'S INFORMATION

Child's Name: _____
First Last Phone Number (if applicable)

II. EMERGENCY CONTACT INFORMATION

1. Parent / Legal Guardian:
2. Parent / Legal Guardian (optional):
Fields for First, Last, Address, E-mail Address, Primary Phone, Secondary Phone.

III. PERSONS AUTHORIZED TO PICK-UP CHILD

In addition to the parent/guardian(s) listed above, please list the names of any possible persons authorized to pick up the above referenced child. Use the other side of this form to add additional names. Please Note: Photo ID's must be presented at the time of pick up.

Table with 4 columns: First Name, Last Name, Relationship to Child, Phone Number. Three rows for listing authorized persons.

IV. AUTHORIZATION FOR SELF-CHECKOUT

Program participants will only be released at the scheduled program ending times, or times designated to the program by the parent/legal guardian. Please select from the check-out options listed below.

I do not grant my child permission to self-checkout from this program. Only the individuals listed above are authorized to pick-up and sign-out my child.

I will not be escorting my child to and/or from the program and grant my child permission to travel to and/or from the program and check-out independently at the conclusion of the program.

Signature of Parent or Guardian Date