



**Emergency II – Contact Pick-Up Information**

Child's Name: \_\_\_\_\_

I, \_\_\_\_\_, authorize the below-named contact/family members to  
(your name)  
pick-up my child.

I also authorize the below-named individuals to pick my child up in the event of an emergency (if I am not available). The designated person should provide picture identification with the name (i.e., no nicknames).

<i>Name of Contact</i>	<i>Phone Number</i>	<i>Relationship to Child</i>

Please Note: If there is anyone you do not authorize to pick up your child, please indicate the names here:

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date