

Emergency Contact & Authorized Pickup

List at least two emergency contacts and everyone authorized to pick up your child.

Child

CHILD'S FULL NAME

DATE OF BIRTH

Emergency Contact 1 (required)

FULL NAME

RELATIONSHIP

PRIMARY PHONE

ALTERNATE PHONE

ADDRESS

Emergency Contact 2 (required)

FULL NAME

RELATIONSHIP

PRIMARY PHONE

ALTERNATE PHONE

ADDRESS

Emergency Contact 3 (optional)

FULL NAME

RELATIONSHIP

PRIMARY PHONE

ALTERNATE PHONE

ADDRESS

Authorized to Pick Up

Only the people listed below may pick up your child. Each must show a photo ID. You may add or remove names in writing at any time.

Emergency Contact & Authorized Pickup

List at least two emergency contacts and everyone authorized to pick up your child.

NAME	RELATIONSHIP	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Not Authorized to Pick Up (optional)

List anyone who is NOT permitted to pick up your child. Note any custody or court orders that apply.

NAMES AND DETAILS

Emergency Medical Authorization

In an emergency where I cannot be reached, I authorize Excellence Learning Pod to secure emergency medical care for my child, including transportation to a medical facility.

PARENT / GUARDIAN SIGNATURE

DATE