

# Emergency Contact Information

Name: \_\_\_\_\_ (write big)

\*(list emergency numbers in order they should be called)

Contact name: home and cell phone #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Any food allergies? \_\_\_\_\_

Any medication allergies? \_\_\_\_\_

Dr. name & phone \_\_\_\_\_

Evergreen Playschool  
Authorization for Pick-up Form

Child's Name

Please provide us with the phone numbers you can be reached at while your child is in school

Parents/ Guardians Names (Please print all information)

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

.....

Please list below other individuals who are authorized to pick up your child. The individuals may be required to show a photo ID or we may call you.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

I hereby authorize Evergreen Playschool to release my child to the above named people in the event I am unable to pick him/her up myself. No child will be released to anyone other than the individuals named above without prior written permission. I release the school from any & all responsibility for any problems that may develop when such persons sign my child out and/or remove them from the premises.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date