



<b>FOR STAFF USE ONLY</b>	
School Year	_____
Classroom	_____

## Emergency Contact Information / Pick-up Release Form

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Contact Information

Name	Parent #1		Parent #2	
	First:	Last:	First:	Last:
Home Address				
Work Address				
Preferred E-mail Address				
Home Phone				
Cell Phone				
Work Phone				

Please list the names of any and all possible persons to whom the ELC is allowed to release your child, if you are not available. List Contacts **IN THE ORDER** that you would like them to be contacted in the event of an emergency. Contacts **MUST PROVIDE A PICTURE ID** in order to pick up your child. By signing this form, you give the ELC permission to share health information about your child with the people listed as emergency contacts.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Can this Person be contacted in case of an emergency? Yes  No

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Can this Person be contacted in case of an emergency? Yes  No

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Can this Person be contacted in case of an emergency? Yes  No

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date