UNIVERSITY OF LOUISVILLE
EARLY LEARNING CAMPUS

FOR STAFF USE ONLY	
School Year	**2017-18**
Classroom	_____

Emergency Contact Information / Pick-up Release Form

Child's Name: _____ **Birth Date:** _____

Contact Information

	Parent 1/Legal Guardian Gender Circle M F	**Parent 2/Legal Guardian Gender Circle M F**
Name	First: Last:	First: Last:
Home Address City, State Zip		
Work Address City, State Zip		
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**