UNIVERSITY OF LOUISVILLE
EARLY LEARNING CAMPUS

FOR STAFF USE ONLY

School Year **2017-18**

Classroom _____

Additional Authorized Pick-ups

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

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. ***These emergency contacts will not be privy to your child's health information.***

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 ☐

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**