EMERGENCY CONTACT INFORMATION / PICK-UP AUTHORIZATION FORM

Program Name: _____ **Start Date(s):** _____ **End Date(s):** _____

This form must be completed in full, signed by a parent or guardian, and submitted PRIOR to pick-up on the first day of the program or activity.

I. CHILD'S INFORMATION

Child's Name: _____ _____ _____

First | Last | Phone Number (if applicable)

II. EMERGENCY CONTACT INFORMATION

1. Parent / Legal Guardian:

_____ _____
First | Last

_____ _____
Address | E-mail Address

_____ _____
Primary Phone | Secondary Phone

2. Parent / Legal Guardian (optional):

_____ _____
First | Last

_____ _____
Address | E-mail Address

_____ _____
Primary Phone | Secondary Phone

III. PERSONS AUTHORIZED TO PICK-UP CHILD

In addition to the parent/guardian(s) listed above, please list the names of any possible persons authorized to pick up the above referenced child. Use the other side of this form to add additional names. Please Note: Photo ID's must be presented at the time of pick up.

_____ _____ _____ _____
First Name | Last Name | Relationship to Child | Phone Number

_____ _____ _____ _____
First Name | Last Name | Relationship to Child | Phone Number

_____ _____ _____ _____
First Name | Last Name | Relationship to Child | Phone Number

IV. AUTHORIZATION FOR SELF-CHECKOUT (FOR PARTICIPANTS AGES 14 OR OLDER)

Program participants will only be released at the scheduled program ending times, or times designated to the program by the parent/legal guardian. Please select from the check-out options listed below.

I do not grant my child permission to self-checkout from this program. Only the individuals listed above are authorized to pick-up and sign-out my child.

I will not be escorting my child to and/or from the program and grant my child permission to travel to and/or from the program and check-out independently at the conclusion of the program.

_____ _____

Signature of Parent or Guardian **Date**