

# AUTHORIZED DROP OFF / PICK UP & EMERGENCY CONTACT FORM



CHILD'S FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S FULL NAME: \_\_\_\_\_ PARENT'S SIGNATURE: \_\_\_\_\_

Name of Authorized Pick Up Contact	Relationship to Child	Gender	Contact Number Home / Cell	Full Address	Emergency Contact Y / N	Authorized Pick Up Y / N