

## DBP Authorization for Emergency Contact

Please write all information clearly

Child's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

**If Dunwoody Baptist Preschool is unable to contact either parent, the following people are authorized to pick up the child in the event of illness or the child being left on campus after school hours.**

**This is not an authorization for carpool pick up.**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_