

## EMERGENCY CONTACT FORM

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

In case of emergency, please list 3 persons (not including the child's parents) we can contact or who are authorized to pick up your child if you are unable to be reached.

1. Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

Are there any individuals who **ARE NOT AUTHORIZED** to pick up your child? If so, please list them here:

\_\_\_\_\_