

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:*
