

# Emergency Contact & Authorized Pickup Form

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

Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

In the event of an emergency, if I cannot be reached, I authorize the following individuals to be contacted and/or to pick up my child from My Piccolo Mondo Daycare.

## Emergency Contact #1

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

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

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## Emergency Contact #2

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

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

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Please note: Individuals picking up the child must show valid identification before the child will be released into their care.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_