



grow with us

Emergency Contact/Authorization for Release of Children Update Form

You must also request and complete an emergency card from the office

Child's Name: _____

D.O.B.: _____

Emergency Contacts

1. Name: _____

Relationship to Child: _____

Address: _____

Phone 1: _____

Phone 2: _____

1. Name: _____

Relationship to Child: _____

Address: _____

Phone 1: _____

Phone 2: _____

Additional Persons Authorized to Pick Up Child:

1. Name: _____

Relationship to Child: _____

2. Name: _____

Relationship to Child: _____

3. Name: _____

Relationship to Child: _____

Parent/Guardian Signature Date

Parent/Guardian Signature Date