

# Preschool Student Emergency Contact and Pick-Up Form

Please complete all sections of this form clearly. This information will be kept on file and used in the event of an emergency or for daily pick-up verification.

## Student Information

Student's Full Name:  Date of Birth:   
Classroom/Teacher:  Home Address:

## Parent/Guardian Information

### Primary Parent/Guardian

Full Name:  Relationship to Child:   
Primary Phone:  Secondary Phone:   
Email Address:

### Secondary Parent/Guardian

Full Name:  Relationship to Child:   
Primary Phone:  Secondary Phone:   
Email Address:

## Emergency Contacts (Other than Parents/Guardians)

Please list individuals who can be contacted in an emergency if parents/guardians cannot be reached. These individuals are also authorized to pick up the child.

### Emergency Contact 1

Full Name:  Relationship to Child:   
Primary Phone:  Alternative Phone:

### Emergency Contact 2

Full Name:  Relationship to Child:   
Primary Phone:  Alternative Phone:

## Authorized Pick-Up Persons

The following individuals (other than parents and emergency contacts listed above) have permission to pick up my child from the preschool. ID will be required upon pick-up.

### Authorized Person 1

Full Name:  Relationship to Child:   
Phone Number:

### Authorized Person 2

Full Name:  Relationship to Child:   
Phone Number:

## Medical & Allergy Information

Known Allergies (Food, Medication, Environmental):

Medical Conditions/Regular Medications:

Pediatrician Name & Phone:

## Authorization Signature

I certify that the information provided on this form is correct, and those listed as authorized pick-up contacts have my permission to retrieve my child from the facility.

Parent/Guardian Signature:  Date: