

## Emergency Contacts

(Within 20-mile radius of daycare other than parent or guardian)

Primary Emergency Contact (other than parent or guardian): _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____

Secondary Emergency Contact (other than parent or guardian): _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____

Person(s) authorized to pick up my child (Other than parents, guardians, or emergency contacts):
Name: _____ Comment: _____
Name: _____ Comment: _____
Name: _____ Comment: _____
Name: _____ Comment: _____

Person(s) <b><u>NOT</u></b> allowed to pick up my child:
Name: _____ Comment: _____
Name: _____ Comment: _____
Name: _____ Comment: _____

Name of school child attends: \_\_\_\_\_

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