

# EMERGENCY/PICK UP AUTHORIZATION LIST:

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

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Time child will arrive at the Center: \_\_\_\_\_ Time child will be picked up: \_\_\_\_\_

Parent/Guardian's Names and phone numbers:

(Mother/Guardian) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_

(Father/Guardian) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_

Persons authorized to pick up my child other than the above parent or guardians: (Children cannot be released to persons under 16 years of age.) List as many as possible and remember if you have more than one job you should list all you can. **If you or your authorized pick-up persons have a cell phone you should also list those.** If you or any of your emergency people change jobs or phone numbers we need to be notified immediately of the change so that the child's file can be updated.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Please list any special circumstances: \_\_\_\_\_

Every attempt will be made to contact you, the parent, guardian or designated person in charge in the event of an emergency. However, in the event of a serious emergency the Polk County Emergency Medical Service (911) will be called to administer treatment and transport to the nearest emergency medical facility for treatment. Please note that KidCare can not transport any child for any medical treatment.

NOTE: When you are unavailable at your job location, always notify the center that day in case an emergency occurs, where or how you or someone can be notified.

## SIGN-IN AND OUT POLICY

It is the responsibility of the parent or guardian bringing the child to the center or picking the child up from the center to sign in and sign out on the sign in/sign out form. Full signatures are required, no initials or nick names can be accepted.

I have read and understand that when someone is picking up my child that he or she must be at least 16 years of age, be on the pick-up list and they must sign my child in or out upon bringing or picking up my child from KidCare. I understand it is my responsibility to update my pick-up list and phone numbers as often as necessary to keep this list current.

\_\_\_\_\_  
Signature of parent or Guardian

\_\_\_\_\_  
Date

KidCare may occasionally take pictures of children playing or doing different activities. Some pictures are used to make special art projects or these photos may occasionally be posted throughout KidCare and or in one of our newsletters or special publications. **If you do not want your child to be photographed, please see your director today so your child's file can be flagged for NO PICTURES.** Otherwise please sign below if you have no objection to your child having his or her picture taken.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date