Kids Under Construction INC

Emergency Pick-Up Authorization Form

Child's Full Name: _____

Class/Teacher: _____

Date of Birth: _____

EMERGENCY CONTACTS / AUTHORIZED PICK-UP:

1. Full Name: _____
Relationship: _____
Phone Number: _____
Alternate Phone: _____

2. Full Name: _____
Relationship: _____
Phone Number: _____
Alternate Phone: _____

3. Full Name: _____
Relationship: _____
Phone Number: _____
Alternate Phone: _____

Parent/Guardian Name: _____

Primary Phone: _____

Secondary Phone: _____

Parent/Guardian Signature: _____

Date: _____

Note: Authorized individuals must present valid photo identification at pick-up. Children will only be released to individuals listed above.