

# Emergency & Alternate Pick up

**Please fill out the below information as complete as possible and return to your child's teacher ASAP**

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship status of parents: **Married** **Single** **Divorced** (*we must have record on file of custody arrangements*)

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell phone provider: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License # : \_\_\_\_\_ Type of pick up (*please circle one*): **EMERGENCY ONLY** **ANY TIME**

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell phone provider: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License # : \_\_\_\_\_ Type of pick up (*please circle one*): **EMERGENCY ONLY** **ANY TIME**

Alternate Pick-up: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License # : \_\_\_\_\_ Type of pick up (*please circle one*): **EMERGENCY ONLY** **ANY TIME**

Alternate Pick-up: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License # : \_\_\_\_\_ Type of pick up (*please circle one*): **EMERGENCY ONLY** **ANY TIME**

**Alternate Pick-up:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License # : \_\_\_\_\_ Type of pick up *(please circle one)*: **EMERGENCY ONLY ANY TIME**

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**Alternate Pick-up:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License # : \_\_\_\_\_ Type of pick up *(please circle one)*: **EMERGENCY ONLY ANY TIME**

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Doctor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital preference: \_\_\_\_\_ Health Insurance Company: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies (please list): \_\_\_\_\_

Regular medications taken: \_\_\_\_\_

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### **Medical Release**

I hereby authorize Adventures Child Care & Learning Center, Inc. to seek medical attention for my child/children, \_\_\_\_\_, in the event of an emergency. I understand that my hospital preference will be considered when medically possible; however, all decisions will be based upon what is deemed to be in the best interest of the child. I understand that all attempts will be made to contact the parents, other emergency contacts and/or the child's physician. I also understand that in the event of illness, all financial responsibilities lie with the child's parent(s) or legal guardian(s).

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Parent/Guardian's signature

Date