

# U.S. KIDS CHILD DEVELOPMENT CENTER

## EMERGENCY CONTACT AND AUTHORIZED PICK-UP FORM

<b>Child's Name:</b>	<b>Effective Date:</b> ___/___/___
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### Person(s) To Be Contacted If Parents Cannot Be Reached

<b>1) Name:</b>	<b>2) Name:</b>
<b>Relationship to Child:</b>	<b>Relationship to Child:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone:</b>	<b>Telephone:</b>

### Authorized Adult(s) For Pick-Up (Must be over 18 years of age – Must provide photo for child's file)

<b>1) Name:</b>	<b>2) Name:</b>
<b>Relationship to Child:</b>	<b>Relationship to Child:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone:</b>	<b>Telephone:</b>

### Doctor/Medical Information

<b>Physician:</b>
<b>Address:</b>
<b>Telephone:</b>
<b>Medical History:</b> (please indicate allergies, dietary restrictions, physical conditions, etc...)
<b>Does your child have any special needs?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>If Yes, please explain:</b>

### Schedule (Please indicate standard drop-off and pick-up times)

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Drop-Off</b>					
<b>Pick-Up</b>					

<b>Special Comments:</b>

<b>Signature:</b>	<b>Date:</b> ___/___/___
<b>Print Name:</b>	<b>Relationship to Child:</b>