



# EMERGENCY AUTHORIZATION FORM

Child's Name: \_\_\_\_\_ Birth date \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

**Phone Numbers:**

Home: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Daycare provider: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical:**

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address(Clinic) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address(Clinic) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Any Allergies or special medical problems? \_\_\_\_\_

Are there any restrictions of activities?  Yes  No if yes, please explain \_\_\_\_\_

**Authorization to pick up child from school.**

Children will be released only to those individuals authorized by parents or legal guardian. Any changes of who will be picking up a child should be promptly reported to the school's office or the child's teacher. Photo identification will be required by anyone who does not regularly pick up the child.

(please give phone numbers for ALL names listed)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Anyone specifically not allowed to pick up your child? \_\_\_\_\_

Please list at least two(2) people who could be called in case of emergency illness and may pick up your child from the center if parents cannot be reached.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

We give Peace Lutheran Preschool permission to act in an emergency situation if we cannot be reached or are delayed in arriving. The child will be transported to Mercy Hospital Center for emergency treatment.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date