



3519 Easter Stanley Court ~ Tallahassee, Florida 32308
P: (850) 921-KIDS(5437) ~ F: (850) 921-4734

CHILD EMERGENCY CONTACT AND PICK-UP AUTHORIZATION FORM

This form will be kept in a special binder used during emergencies and/or to use as a "quick reference guide". All sections must be filled out completely. Please update this form when changes occur (new phone number, employment, add or delete authorized pick-ups, etc). This form must be updated every 6 months.

Child's Name: _____ Date of Birth: _____

Family Information

Mother/Guardian Name: _____ Child lives w/ this parent/guardian: YES / NO

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Father/Guardian Name: _____ lives w/ this parent/guardian: YES / NO

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contacts (must have at least 2 other than the parent/guardian)

Emergency Contact 1 Name: _____

Relationship to Child: _____ Phone: _____

Emergency Contact 2 Name: _____

Relationship to Child: _____ Phone: _____

Authorization to Pick-Up

Please list all people who have your permission to pick up your child from The Dick Howser Center. All those authorized to pick up must be at least 18 years old and be able to provide a State of Florida issued identification.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

If you need to add an authorized pick up person by phone, you will be asked for your password.

Your password is: _____

Signature of Parent/Guardian: _____ Date: _____