



## Child Drop off Form

Date of Drop-Off: \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

### Child Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Parent/Guardian Contact Info

- Parent/Guardian Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

### Authorized Pick-Up Person(s)

(Other than parent/guardian)

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

### Emergency Contact

(If mother cannot be reached)

- Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_

### Medical Information

- Doctor/Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Allergies or Health Concerns: \_\_\_\_\_
- Medications (if any): \_\_\_\_\_

### Permission for Emergency Medical Care

In case of emergency, I authorize Mableton International Childcare to seek medical attention for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_