



# Square Pegs Learning Center and Behavior Solutions

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## UPDATED MY Emergency Contact/Authorized Pick Up

Student Name: \_\_\_\_\_

Parent signing form: \_\_\_\_\_

For your child's protection, please fill out the name of the authorized persons who will be picking up your child from school.

**These are the only people, other than yourself, to whom your child will be released.**

If changes occur during the year, please inform the learning center. Authorized persons should be prepared to identify themselves by name and with their license.

Please list the name of the parents other than the one signing, if **authorized to pick up**.

Name	Phone Number	Relationship to Child

☐ **The names on this list are also Emergency Contacts**

☐ **These names are for Authorized Pick UP only**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_