LANCASTER PRESCHOOL

# AUTHORIZED AND EMERGENCY PICK-UP CONTACT(S)

Please complete the form below to indicate who is authorized to pick up your child from Lancaster Preschool. Authorized persons should bring the carpool sign provided by the School at pickup or valid photo identification. If the person picking up your child is **NOT** on this list, **you must notify the office in writing**, or we cannot release your child to him/her. Please ensure this person also brings valid photo identification.

**CHILD'S NAME**: _____ **CLASS:** _____

**MOTHER:** _____ **CELL PHONE:** _____

**FATHER:** _____ **CELL PHONE:** _____

**ALLERGY INFORMATION AND TREATMENT PLAN (IF APPLICABLE):** _____

_____

**Lancaster Preschool staff cannot administer medication without a completed Permission to Administer Medication form.*

*Form must be signed by your child's physician. Copies available in the School Office.* ***(If needed, is form on file: Y / N)***

| Name | Relationship | |
|---|---|---|
| Phone | Authorized Pick Up ___ | Emergency Contact ___ |

| Name | Relationship | |
|---|---|---|
| Phone | Authorized Pick Up ___ | Emergency Contact ___ |

| Name | Relationship | |
|---|---|---|
| Phone | Authorized Pick Up ___ | Emergency Contact ___ |

| Name | Relationship | |
|---|---|---|
| Phone | Authorized Pick Up ___ | Emergency Contact ___ |

**By signing below, I agree that Lancaster Preschool staff may provide emergency care by calling 911 in the event of an emergency. School staff may not administer any medication without specific instructions by the child's doctor.**

**Print Parent/Guardian Name** _____

**Signature**_____ **Date** _____

**If there is anyone who is NOT allowed to pick up your child from Lancaster Preschool, please contact the School Director to ensure this information is communicated to necessary staff and required documentation is on file.*