

## Authorized Consent: Pick Up

**Pick Up Authorization:** In addition to emergency, my child has permission to be released to the following individuals, childcare, facility, or transportation service. I will notify these individual that they may be asked to show proof of identity.

1. Name\_\_\_\_\_ Mobile Number\_\_\_\_\_  
Work Number\_\_\_\_\_ Relation\_\_\_\_\_

2. Name\_\_\_\_\_ Mobile Number\_\_\_\_\_  
Work Number\_\_\_\_\_ Relation\_\_\_\_\_

3. Name\_\_\_\_\_ Mobile Number\_\_\_\_\_  
Work Number\_\_\_\_\_ Relation\_\_\_\_\_

4. Name\_\_\_\_\_ Mobile Number\_\_\_\_\_  
Work Number\_\_\_\_\_ Relation\_\_\_\_\_

5. Name\_\_\_\_\_ Mobile Number\_\_\_\_\_  
Work Number\_\_\_\_\_ Relation\_\_\_\_\_

## Consent and Contact Form

(This form is to be completed and signed by the child's parent or legal guardian.)

Name of child \_\_\_\_\_

A) In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent (If applicable) or the legal guardian at the telephone numbers provided below:

1. Parent or legal guardian's name

\_\_\_\_\_

Telephone Numbers \_\_\_\_\_

2. Parent or legal guardian's name

\_\_\_\_\_

Telephone Numbers \_\_\_\_\_

3. Parent or legal guardian's name

\_\_\_\_\_

Telephone Numbers \_\_\_\_\_

B) If I or the other persons listed on the Emergency List assigned by me are not available, I give my permission (as parent or legal guardian) to the caregivers to provide first aid for the child named above. I also give permission to take the appropriate measure including contacting the emergency medical services (EMS) to arrange transportation to \_\_\_\_\_ or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility.

Parent or legal guardian's signature below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

