



Nana's Little Elephants Child Development Center

Emergency contact/Authorized persons

Mother's name: _____ Telephone # _____

Father's name: _____ Telephone# _____

Please list any names and numbers of persons allowed to have privilege to your child's emergency information if a parent cannot not be contacted. Also indicate if this person is allowed to pickup your child with valid identifications.

Name: _____ Relationship _____ Number _____

Pickup: yes _____ no _____

Name: _____ Relationship _____ Number _____

Pickup: yes _____ no _____

Name: _____ Relationship _____ Number _____

Pickup: yes _____ no _____

Name: _____ Relationship _____ Number _____

Pickup: yes _____ no _____