



PERSONS ALLOWED TO PICK UP + EMERGENCY CONTACTS

In addition to those listed above, I authorize Need A Break to release my child and leave the facility with the following persons only:

Name Relationship to Child(ren) Phone Number(s)

Name Relationship to Child(ren) Phone Number(s)

Name Relationship to Child(ren) Phone Number(s)

*We will only allow your child to leave with someone other than yourself if we have been notified by you ahead of time.

EMERGENCY INFORMATION

In the event I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I authorize Need A Break to have my child transported to:

Name of Physician _____
Office Address _____
Phone: (____) _____ - _____

Name of Hospital _____
Office Address _____
Phone: (____) _____ - _____

CONSENT FOR MEDICAL TREATMENT

I give consent for Need A Break to secure any and all necessary emergency medical care for my child. I certify my child is in excellent health and physical condition and has no medical psychological, physical, or mental condition which has not been disclosed to Need A Break on the registration form. I also attest that my child/children are up to date on all of their immunizations.

Parent Signature

Date