



CDC PICK UP AUTHORIZATION/INFORMATION

Person(s) authorized to pick my child up:

Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____



CDC EMERGENCY INFORMATION

Child's Name: _____

Birthday: _____ Home Phone: _____

Home Address: _____

Emergency Contacts:

1. Parent/Guardian Name: _____

Cell: _____ Work: _____

2. Parent/Guardian Name: _____

Cell: _____ Work: _____

Alternate Emergency Contact Person(s):

1. Name: _____ Phone: _____ Cell: _____

2. Name: _____ Phone: _____ Cell: _____

Allergies to medications, foods, etc.: _____

