



**Persons Authorized to Pick Up Child**

Please list anyone who may pick up your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any/all medications that your child routinely takes \_\_\_\_\_

\_\_\_\_\_

Please list any allergies AND/OR any physical, mental or developmental disabilities that would limit your child's participation in activities or require special care.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parental Acknowledgements:**

*In the event of an emergency, I/we authorize the Extended Care personnel to obtain medical attention for my child if the parent or guardian cannot be reached and I/we will assume financial responsibility.*

*I/we also acknowledge our responsibility to notify the Extended Care Office if any of the above information changes.*

*In accordance with Georgia's Bright from the Start Rules and Regulations for Child Care Centers, I and all others authorized to pick up my child will not allow my child to enter or exit the building unescorted. I also acknowledge that Extended Care staff will not allow any child to exit the building unescorted.*

Parent/Guardian Signature \_\_\_\_\_