



# Contingency Pick-Up Form

Please complete either #1 or #2:

1. The following people have my permission to pick up my child on an occasional basis:

Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address: \_\_\_\_\_ Evening Phone \_\_\_\_\_

\_\_\_\_\_  
Driver's License # \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address: \_\_\_\_\_ Evening Phone \_\_\_\_\_

\_\_\_\_\_  
Driver's License # \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address: \_\_\_\_\_ Evening Phone \_\_\_\_\_

\_\_\_\_\_  
Driver's License # \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

—OR—

2. \_\_\_\_\_ may only be released to a parent or guardian.  
(Child's Name)

Signature of Parent or Guardian: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_