

EMERGENCY CONTACT

I _____ / _____ hereby authorize the person(s) below to be contacted via phone/email in cases of emergency where I am unable to reply and/or be contacted. As far as I know, no person(s) listed below have a criminal history. I also understand that **MS. MICHELLE'S CHILD CARE SERVICE** will contact person(s) below for verification purposes.

Name #1

Address

Telephone

Name #2

Address

Telephone

***Note:** All emergency contacts will be checked. Emergency contact persons will be informed that they are on your emergency contact list. Please let person(s) know in advance. **Proper ID required.**

CHILD PICK-UP

I _____ / _____ authorize persons below to pick up my child/children from **MS. MICHELLE'S CHILD CARE SERVICE**, when I am unable or in cases of emergency. I understand that these persons must bring valid identification before my child/children will be placed in their care. I have also informed my pickup persons and emergency contact's of the need for them to have valid identification. I will also notify provider in advance of the person picking up my child/children before they arrive at provider's home.

Person 1: _____ Relationship _____

Person 2: _____ Relationship _____

Person 3: _____ Relationship _____

Signature

Date

****Note:** Provider cannot deny access of biological parent(s) to child/children, unless by court order. **NO EXCEPTIONS.**