

Parent/Guardian's Name: _____

Phone # _____ (H) _____ (Work/Cell)

Email: _____ (This is must!)

Parent/Guardian II Name: _____

Phone # _____ (H) _____ (Work/Cell)

Emergency Information: **(In case a parent can not be reached - MUST be filled in!)**

Contact: _____

Phone # _____ (H) _____ (W)

Special Health Information: _____

Please list below the person/persons and their phone number, other than yourself that are allowed to pick up your child:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

**** If anyone, besides the individuals listed above, will be picking up the child, a note with a name and phone number must be provided to the Recreation Leader that morning. Please list below the person/persons and their phone number, other than yourself that are allowed to pick up your child:**

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