

**EMERGENCY INFORMATION  
AND  
PICK UP LIST**

CHILD'S NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_  
 MOTHER'S NAME \_\_\_\_\_  
 HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_  
 FATHER'S NAME \_\_\_\_\_  
 HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**EMERGENCY CONTACTS:**

In case of an emergency, and we are unable to contact the parents. Please list below the name and telephone numbers of the persons you wish for us to contact.

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PICK UP LIST**

List the persons whom may pick up the above named child from this facility. Please list anyone, you may think of that would be picking up your child from the center, because we are unable to release your child to anyone other than the parents listed on the "Child Care Facility Health Record" and the names you provide to us on this form.

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cubs Country Child Care may administer Tylenol. { } Yes, { } No.  
 Cubs Country Child Care may treat your child for minor cuts and bruises. { } Yes, { } No.