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EMERGENCY CONTACT & AUTHORIZED PICK-UP

CHILD'S LAST NAME _____ FIRST _____ DATE OF BIRTH _____

ALLERGIES _____

PARENT/GUARDIAN NAME: _____ RELATION TO CHILD: _____

HOME PHONE _____ WORK _____ CELL _____

PARENT/GUARDIAN NAME: _____ RELATION TO CHILD: _____

HOME PHONE _____ WORK _____ CELL _____

EMERGENCY CONTACT #1

NAME _____

PHONE _____

RELATIONSHIP TO THE CHILD _____

EMERGENCY CONTACT #2

NAME _____

PHONE _____

RELATIONSHIP TO THE CHILD _____

AUTHORIZED TO PICKUP

NAME _____ RELATIONSHIP TO CHILD _____

NAME _____ RELATIONSHIP TO CHILD _____

NAME _____ RELATIONSHIP TO CHILD _____

NAME _____ RELATIONSHIP TO CHILD _____

NON AUTHORIZED TO PICKUP

NAME _____ RELATIONSHIP TO CHILD _____

NAME _____ RELATIONSHIP TO CHILD _____

PARENT/GUARDIAN'S SIGNATURE _____ TODAY'S DATE _____