



Discovery Time Preschool
A time to learn, share & discover.

Pick-up and Emergency Care Permission Form

Students Name: _____ Date of Birth: _____
(List student's first, middle, last name)

On this form you will tell us who is allowed to pick up your student after class or after a Discovery Time Preschool off-site activity. We will not allow your child to leave with someone who is NOT on this list. If there is a separation or divorce custody problem of which we should be aware, please explain.

Individuals that we are not familiar with will be asked to present identification. Parents must include their name to this list. **I hereby GRANT permission for my child to leave Discovery Time Preschool with any of the following people listed below. I understand that if there are any changes that need to be made to this list, it is my responsibility as parent/guardian to provide written notification to the preschool staff.**

Name of person who may NOT pick up the child:

I understand that in the event of an emergency, Discovery Time Preschool staff will make every effort to contact a parent/guardian first. **I hereby GRANT permission to Discovery Time Preschool to obtain EMERGENCY MEDICAL or DENTAL CARE even if they are unable to immediately make contact with me (the parent/guardian).** I understand that if I cannot be reached, Discovery Time Preschool will contact the individuals indicated below. In addition, all individuals on this list may be contacted if my child isn't picked up in a timely manner. **You must have at least one person outside of your home on this list.**

Signature: _____ Date: _____

| Names of those who are allowed to pick up my child 1) Parents, please include your names 2) First person listed will be your FIRST emergency contact person 3) Include at least one person outside of home | Relationship i.e. Mother, Father, Grandparent, Daycare | Contact in an emergency? (Yes/No) | Contact Phone Numbers |
|--|--|---|-----------------------------|
| FIRST EMERGENCY CONTACT PERSON | | | |
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