



First Church Emergency Contact and Release Form

Child's Name _____

1. Regular Release: Authorized persons to whom the child may be released to on a regular basis. Include both parents if applicable, and those authorized to pick up the child.

Name _____ Address _____

Relationship _____ Primary Phone _____ Alternate Phone _____

Name _____ Address _____

Relationship _____ Primary Phone _____ Alternate Phone _____

Name _____ Address _____

Relationship _____ Primary Phone _____ Alternate Phone _____

Name _____ Address _____

Relationship _____ Primary Phone _____ Alternate Phone _____

2. Emergency Release: Please list two additional persons who can be reached in an emergency when the persons listed above are not available. These authorized persons should be 1. Responsible individuals you authorize release to, 2. Known by the child, 3. Close enough to FCP and are generally available to come when parent or regularly authorized person is not available.

Photo identification will be required in the event we do not know the person picking up.

Name _____ Address _____

Relationship _____ Primary Phone _____ Alternate Phone _____

Name _____ Address _____

Relationship _____ Primary Phone _____ Alternate Phone _____

Name _____ Address _____

Relationship _____ Primary Phone _____ Alternate Phone _____

3. Release in Custody Situations: For parents, for whom custody is an issue, please provide specific information about the safe release of your child.

(Names/Days of Week/ Special Circumstances) _____

4. I understand that in a medical emergency First Church Preschool may be unable to contact me.

In that event First Church Preschool has my permission to provide emergency first aid. First Church Preschool also has my permission to arrange medical care at my expense. I give permission to the medical personal and hospital to give emergency medical care to the child named on this form.

Signed _____ Date _____