



Emergency Contact Information 2025-2026

Child Information

Last Name	First Name	MI	Date of Birth
Street Address	City	State	ZIP
Allergies - Please be specific	Medications	Gender	

Parent/Guardian Information

Parent/Guardian 1 Name	Email	Cell Phone
Parent/Guardian 2 Name	Email	Cell Phone

**The following information is REQUIRED by the Department of Human Services
EMERGENCY CONTACTS CAN NOT BE A PARENT/GUARDIAN**

Emergency Contact 1 Name	City	Cell Phone
Emergency Contact 2 Name	City	Cell Phone
Physician/Clinic	City	Phone
Dentist/Clinic	City	Phone
Preferred Hospital	Other Significant Medical Information	

_____ I give permission to CDLC to make whatever emergency (first aid, disaster evacuation, etc.,) measures are judged necessary for the care and protection of my child under the supervision of CDLC.

_____ In case of medical/dental emergency, I understand that my child will be transported to the appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad, Fire, etc.,) deems it necessary. The child will be transported at the expense of parents/guardians.

_____ It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

_____ I authorize CDLC to release any important information pertaining to my child to persons listed as an emergency contact or authorized pickup.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Office Use Only

Date Received _____



Child Pick Up Form 2025-2026

Last Name First Name MI Assigned # (office use only)

Session:

_____ M-F All Day _____ M/W/F All Day _____ T/TH All Day
_____ M-F AM _____ M/W/F AM _____ T/TH AM _____ M/W/F PM

Drop Off: All children will be dropped off at the playground entrance

Pick Up: All children will be picked up at the playground entrance

Show your number card each time you pick up your child/children and we will bring them to your vehicle.

Persons who are authorized to pick up your child/children are:

_____ Name	_____ Relationship	_____ Cell Phone
_____ Name	_____ Relationship	_____ Cell Phone
_____ Name	_____ Relationship	_____ Cell Phone
_____ Name	_____ Relationship	_____ Cell Phone

***Please remember that CDLC will need to be notified for anyone other than those listed above to pick up your child and they must provide Photo ID.**

The following children will be riding home together:

Persons who are **NOT** authorized to pick up your child/children:

Office Use Only

Date Received _____