



THE ROCKEFELLER UNIVERSITY  
CHILD AND FAMILY CENTER

Emergency Contact and Authorized Escort Form

Date: \_\_\_\_\_

Child's Room: \_\_\_\_\_

The New York City Bureau of Day Care regulations mandate that the CFC has the name of at least one person (other than a parent) to contact in case of an emergency should a parent be unexpectedly unavailable. We will call this person if we cannot reach a parent. **Your emergency contact person must live close enough to the CFC to pick up your child if necessary.**

**Please fill out the front and back of the form below and bring it before your child's start date.**

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF AN EMERGENCY (OTHER THAN PARENT)**

**I give permission for the CFC to contact the following individuals in case of an emergency. I also give authorization for the following individuals to pick up my child from the CFC if needed.**

1. Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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### PERSON AUTHORIZED TO PICK UP MY CHILD (OTHER THAN PARENT)

Regulations also require that we have the names and contact information for all other individuals who have your permission to pick up your child from school. Please fill out the form below for those people. Please give any additional information necessary in the appropriate space.

If, due to unforeseen circumstances or an emergency, it is necessary for someone other than those listed below to pick up your child, a note from the parent or a telephone call is necessary. Please be aware that the person will be asked to identify himself or herself with a photo ID before we release your child.

If your family has shared custody, please provide the CFC with legal documents indicating daily pickup arrangements.

**The following people are authorized to pick up my child from the CFC:**

1. Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Additional Information:

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_