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.**

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 front and back of the form below and bring it on opening day.**

Name of child ___________________________________________________________________________________

Address _____________________________________________ Home Telephone _______________________

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 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 _______________________________

Continue on back →
PERSON AUTHORIZED TO PICK UP MY CHILD (OTHER THAN PARENT)

Dear Parent/Guardian: Please fill out the form below for those people, in addition to emergency contacts, who have your permission to pick up your child from the CFC. 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 may 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 clear, legal documents indicating daily pick up 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
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Parent/Guardian Signature __________________________________ Date____________________