

Emergency Contact / Pick-Up Release Form

Name of child _____

Date of birth _____

Contact Information		
	Parent / legal guardian	Parent / legal guardian
Name		
Mobile phone		
Work phone		
Email address		
Home address		

Please list the names of the possible persons (any family or friends) to whom the DSKI is allowed to release your child if you are not available or in case of emergency. Contacts must provide a picture ID in order to pick up your child.

Name	Mobile number	Relationship to child

By signing this form, you give the DSKI permission to release your child to the people listed in the event of an emergency.

Name _____

Date _____

Signature _____