

CHILD'S NAME: _____ **DATE:** _____
ADDRESS: _____
PHONE#: _____

EMERGENCY AND LONG TERM PICK-UP AUTHORIZATION

The adults listed below have my permission to pick up my child from EBJ for one year from the above date, either planned or in an emergency situation. In an emergency situation, when the parents/guardian cannot be reached, EBJ will contact any one of the people listed below. I understand that **no one** can pick up my child without being on this list or without written permission from me. A minimum of four names is required. *At least one of these names should be an EBJ parent.*

Name of Adult	Address	Tel#	Relationship to child
			EBJ Family

MEDICAL EMERGENCY Who does EBJ call first? _____
Parent/Legal Guardian Name _____ Phone# _____
Parent/Legal Guardian Name _____ Phone# _____
Child's Primary Care Provider: _____ Phone# _____
Hospital of Choice: _____
Primary Health Care Provider _____ Health Ins.#/Medicaid _____
Child's Dentist: _____ Phone# _____
Allergies or special care issues _____

In the event I cannot be reached in an emergency, I hereby give my permission to the staff of EBJ to take any of the following steps on behalf of my child, as named above, should he/she require emergency medical attention.

1. For first aid to be administered by trained EBJ staff.
2. For EBJ to contact my child's physician as named above.
3. For my child to be transported to the hospital or the nearest emergency medical facility by ambulance with a teacher or the director.
4. For my child to receive needed emergency treatment by the emergency medical staff from that facility.

Parent's/Legal Guardian's Signature _____ **Date** _____