



Authorization for Adding a Contact

Child's name: _____

I give permission for the following person(s) to be added to my child's personal record and emergency information.

parent/guardian signature

Date

1. Contact Name: _____ Relationship to child: _____

Primary Phone Number: _____ Alternate Phone Number: _____

(Check appropriate box below):

- This person is authorized to be contacted and my child may be released to their care if I cannot be reached.
- This person is authorized to be contacted if I cannot be reached, but my child **CANNOT** be released to them.

2. Contact Name: _____ Relationship to child: _____

Primary Phone Number: _____ Alternate Phone Number: _____

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