



Pick Up/Drop Off Consent Form

1. In the event I cannot be reached in an emergency involving my child, I hereby give permission to the authorized personnel of the park district to provide emergency care through paramedics and, when necessary, a local hospital. It is required that you remain in the building while your child(ren) are in the Child Care Program.
2. I give authorization to the following people, including myself, to pick up my child (**Person must be 18 years and older**; list all persons including spouse, if applicable):

Please Print

Name	Relationship	Home Phone	Cell Phone

If name is not on this list they aren't allowed to pick up the child.

I give my permission for my child to be included in photos/video for publicity purposes.

Parent or Guardian Signature Date

Home Phone Cell Phone# Emergency Phone #

Child's Name