



Illinois Migrant and Seasonal Head Start Project

PERSONS TO CONTACT IN CASE OF EMERGENCY

Child's Name: _____ Family Name: _____ Address: _____

Home Phone: _____ Work Phone (father): _____ (mother): _____

Contact Name: _____ Relationship to child: _____

Address: _____
Street Apt.# Town/City State Zip

Home Phone: _____ Work: _____ Other: _____

Contact Name: _____ Relationship to child: _____

Address: _____
Street Apt.# Town/City State Zip

Home Phone: _____ Work: _____ Other: _____

Child Pick-up

I authorize only the following persons to pick up my child when I am not able.

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

1. I want the following persons added to the list to pick-up my child when I am not able.

2. I want to remove from my last list (by crossing out) the name of the person authorized to pick-up my child.

Parent Initials _____

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Parent Signature: _____

Date: _____

The person on the list to pick up the child must be 14 years old or older.