



## Emergency Contact Form

I/we understand that in the event of an emergency The Nursery at Our Lady of Sorrows School will make every effort to contact me/us. If I/we cannot be reached I/we understand that the emergency contacts listed below will be contacted. Emergencies include but are not limited to my child being ill, the need to close The Nursery, my child not being picked up within 30 minutes of The Nursery's scheduled closing time. Anyone picking up my child will be required to show valid photo identification.

### Authorized Emergency Contacts:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Alt. Phone # \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Alt. Phone # \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Alt. Phone # \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

By signing this form I/we authorize The Nursery at Our Lady of Sorrows to contact any of the persons listed above in the event of an emergency. I/we also authorized The Nursery at Our Lady of Sorrows School to release my child to any person listed above.

Child's Name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_