

Name: _____

Date of Birth: _____

PEOPLE AUTHORIZED FOR PICK UP & EMERGENCY CONTACTS:

Please provide contact information for at least three (3) additional individuals that are permitted and available to pick up your child. **ANYONE PICKING UP A CHILD MUST HAVE A PHOTO ID.**

Name & Relationship to Child	Address	Phone Number(s)
1.)		
2.)		
3.)		
4.)		
5.)		

Please indicate any legal orders regarding guardianship, foster care, or orders of protection related to your child. Please provide a copy of any guardianship orders or orders of protection related to your child.

ORDER OF PROTECTION:

Is your child currently covered by an Order of Protection? YES NO

FOSTER CARE INFORMATION:

Responsible Agency: _____

Agency Address: _____

Caseworker: _____ Phone Number: _____

Signature of Parent/Guardian: _____ Date: _____