



207 West Market St
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EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION FORM

Name of child: _____ Class: _____

Father Name: _____ Occupation: _____

Mother Name: _____ Occupation: _____

Child's Birthdate: _____ Gender: M F (circle one)

Primary Email _____ Secondary Email _____

Home Phone: _____ Is this the primary #? Y N (circle one)

Cell phone (Mother) _____ Is this the primary #? Y N (circle one)

Cell phone (Father) _____ Is this the primary #? Y N (circle one)

Work phone (Mother) _____ Is this the primary #? Y N (circle one)

Work phone (Father) _____ Is this the primary #? Y N (circle one)

Home Address: _____

Family Doctor/Pediatrician: Name: _____ Phone: _____

Medical Conditions or Allergies:

Are medication for the above conditions or allergies to be administered at school?

*Y N (circle one)

(*See Allergy Agreement and Medicine Administration Consent forms)

What is the best way to reach you in an emergency? _____

In case of emergency please list two people authorized to pick up your child (friend or family living close to the school) to contact in the event that you cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In addition to Emergency contacts, the following people are authorized to pick up my child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of Person (s) **NOT** authorized to pick up my child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

One parent or guardian please sign and date the below statement:

I understand that if I require someone not authorized to pick up my child, I will provide a dated, signed note with that person's ID information, giving permission for the pick-up, and that person will park and come into the school to provide his/her Photo ID at pick up.

I give my permission for the Leesburg Presbyterian Church Preschool teacher and/or Director to seek and sign for medical emergency medical treatment for my child.

Parent/Guardian, Name printed _____

Signature _____ Date _____