



**EMERGENCY CONTACTS**  
**(In case parents cannot be reached – must be in Oak Forest area)**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Best Number to Contact: \_\_\_\_\_

Home    Cell    Work

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Best Number to Contact: \_\_\_\_\_

Home    Cell    Work

**NAME OF PERSON(S) AUTHORIZED TO PICK UP CHILD**  
**(INCLUDING PARENTS)**

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