



## A Time to Grow Nursery School

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*An outreach program of the Fabius Christian Church*

### **EMERGENCY CONTACTS & AUTHORIZED PICK-UP FORM**

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

Does your Child have any allergies or medical prescription carry orders? \_\_\_\_\_

Parents are:    ☐ Married                      ☐ Divorced                      ☐ Separated                      ☐ Other

Custody or Visitation consideration: \_\_\_\_\_

**Emergency Contacts** and best phone #s during school hours  
(in order of contact preference)

Name (First & Last)	Relationship to Child	Phone Number 1	Phone Number 2



**Persons Authorized to Pick-Up** and best phone #s during school hours  
(in order of contact preference, including parents)

Name (First & Last)	Relationship to Child	Phone Number

Primary Care Physician: \_\_\_\_\_

Phone Number of Primary Care Physician \_\_\_\_\_

Emergency Service/Hospital Preference

\_\_\_\_\_

I certify that the information on this page is accurate and complete:

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[This record will be kept on file with the **Child Supplemental Information Form** in the  
classroom]

