



File Update Request Form

Emergency Contact, Authorized Pick-up or Health Care Provider

Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____

Emergency Contact/Authorized Pick-up:

Please note: Listing individuals as an emergency contacts authorizes them to pick-up your children. Authorized Pick-ups will not be noted as contact in the event of an emergency.

Is this a request to remove someone currently listed? Yes No

Check One: *Emergency Contact* *Authorized Pick-up*

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Health Care Provider:

Business Name: _____

Provider Name/Title: _____

Phone Number: _____ Fax: _____

Address: _____

Physician Dentist Specialist (**Type:** _____) Other: _____

****Return completed form to the Office Communication Box****