GOLDEN BLOOM LEARNING & CARE

EMERGENCY CONTACT FORM

Where Learning Blossoms & Care Comes First

Please provide at least two emergency contacts other than the child's parent/guardian whenever possible. Please choose individuals who are likely to be reachable during your child's scheduled care period.

Child's Full Name: _____

EMERGENCY CONTACT 1

Full Legal Name: _____
Relationship to Child: _____
Primary Phone: _____ Alternate Phone: _____
Home Address: _____
Authorized to Pick Up Child? ☐ Yes ☐ No

EMERGENCY CONTACT 2

Full Legal Name: _____
Relationship to Child: _____
Primary Phone: _____ Alternate Phone: _____
Home Address: _____
Authorized to Pick Up Child? ☐ Yes ☐ No

EMERGENCY CONTACT AUTHORIZATION

If I cannot be reached during an emergency, I authorize Golden Bloom Learning & Care to contact the individuals listed above. I understand that listing an individual as an emergency contact does not authorize pickup unless I have indicated authorization above and any required identity verification has been completed.

Parent/Guardian Name: _____
Signature: _____ Date: _____