



# PARENTAL AUTHORIZATION

## FOR PICK-UP AND MEDICAL/HEALTH INFORMATION ACCESS

For the protection of your child and in any emergency, which may arise, please list below the names and phone numbers of those persons you hereby authorize to pick up your child from the center. Koala Bear Child Care will only release your child to adults you designate as authorized. It is our policy to ask all unfamiliar adults for photo identification.

Child's Name (first, Middle, Last):	Birthdate:
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NAME	PHONE NUMBER	RELATIONSHIP TO CHILD

Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:

## PASS CODE

In order to release your child to individuals not listed on this form or whom we have not ID'd before, Koala Bear Child Care requires a confidential pass code that will be stored in a secure location and on the emergency card. In the event you or one of the authorized persons is unable to pick up your child, do you want Koala Bear Child Care to accept a telephone authorization using your confidential pass code?

Yes  No

Pass Code:	
Signature of Parent/Guardian:	Date: