



STEPPING STONES CHILD CARE AUTHORIZED-TO-PICK-UP-DAILY FORM

DATE: _____

I would like to add the following person/s to my child's emergency card:

1. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

2. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

3. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

4. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

I authorize these persons to pick up my child at any time without additional verbal or written permission.

CHILD'S NAME: _____

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____