



**Emergency Contact and Pick Up Authorization (TWO people other than Mom and Dad)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Authorization for Emergency Care:**

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the CBC WEE School Director/Teacher to contact the following:

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Existing Health Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Regular Medications: \_\_\_\_\_

Restroom use issues: \_\_\_\_\_

I \_\_\_\_\_ do \_\_\_\_\_ do not give consent for my child to take part in field trips with Central Baptist WEE School under proper supervision. It is my understanding that I will be notified when such trips are planned.

I \_\_\_\_\_ do \_\_\_\_\_ do not give permission for my child to be photographed in the classroom setting while attending WEE School or WEE School activities.

My signature below gives permission to meet the needs of my child in an emergency, and also certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

To Be Completed by Child Care Facility:  
Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

WEE School  
601 N. Central Avenue, PO Box 66  
Eureka, MO 63025  
[weeschool@cbcserves.org](mailto:weeschool@cbcserves.org)

636-938-5577  
FAX: 636-938-7160  
[www.weeschoolcbc.org](http://www.weeschoolcbc.org)