

**EMERGENCY PLAN  
CHILD CARE PICK-UP AUTHORIZATION**

(ATTACHMENT 8)

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Treasure House to release my child(ren) to the person(s) designated. This is in consonance with  
the \_\_\_\_\_ Treasure House Emergency Plan.

<u>Child's Name</u>	<u>Designated Custodian(s), Name</u>	<u>Relationship</u>

Signature \_\_\_\_\_  
Relationship \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**NOTE: *Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated.***

***Proper Identification required at pick-up.***

**PLEASE PRINT CLEARLY**