

DBP Authorization for Emergency Contact

Please write all information clearly

Child's Name _____

Teacher's Name _____

Parent Signature _____

Mother's Full Name: _____

Home #: _____

Cell #: _____

Work #: _____

Father's Full Name: _____

Home #: _____

Cell #: _____

Work #: _____

If Dunwoody Baptist Preschool is unable to contact either parent, the following people are authorized to pick up the child in the event of illness or the child being left on campus after school hours.

This is not an authorization for carpool pick up.

Name: _____

Relationship to Child: _____

Home #: _____

Cell #: _____

Work #: _____

Name: _____

Relationship to Child: _____

Home #: _____

Cell #: _____

Work #: _____

Name: _____

Relationship to Child: _____

Home #: _____

Cell #: _____

Work #: _____