|  |  |  |
| --- | --- | --- |
| DARTMOUTH COLLEGECHI LD CARE CENTER |  | Your child will be released only to the persons that you specify below as alternate pick-up persons or escorts. S/he will not be released to an unauthorized escort or to an escort who is unable to transport a child safely for any reason, including the influence of alcohol or other drugs. Authorized escorts must be at least 16 years of age. Although we appreciate being alerted to escort changes in advance, your child may be released to anyone that you name on this form without prior notice. List both parents/guardians if appropriate. Please give complete information on all other escorts.**DCCCC Child Escort Information** |
| Child’s Name: |  |
|  |  |
| Parents/Guardians who may pick up your child: |
|   |
|  |
|   |

**Check the box on the far right if the escort may be contacted to assume emergency care of your child.** In accordance with the NH Bureau of Child Care Licensing, we require that you “list at least one person with whom you would feel comfortable leaving your child and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the Center”.

Others with standing permission to pick up your child:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name: |  |   |  | Relationship: |  |   |  | Emergency Contact? |  |[ ]
|  |  |  |  |  |  |  |  |  |  |  |
| Home Phone: |  |   |  | Work Phone: |  |   |  | Cell Phone: |  |   |
|  |  |  |  |  |  |  |  |  |  |  |
| 2. Name: |  |   |  | Relationship: |  |   |  | Emergency Contact? |  |[ ]
|  |  |  |  |  |  |  |  |  |  |  |
| Home Phone: |  |   |  | Work Phone: |  |   |  | Cell Phone: |  |   |
|  |  |  |  |  |  |  |  |  |  |  |
| 3. Name: |  |   |  | Relationship: |  |   |  | Emergency Contact? |  |[ ]
|  |  |  |  |  |  |  |  |  |  |  |
| Home Phone: |  |   |  | Work Phone: |  |   |  | Cell Phone: |  |   |
|  |  |  |  |  |  |  |  |  |  |  |
| 4. Name: |  |   |  | Relationship: |  |   |  | Emergency Contact? |  |[ ]
|  |  |  |  |  |  |  |  |  |  |  |
| Home Phone: |  |   |  | Work Phone: |  |   |  | Cell Phone: |  |   |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Parent/Guardian Signature: |  |  |  | Date: |  |   |  |
|  |  |  |  |  |  |  |  |
| Parent/Guardian Signature: |  |  |  | Date: |  |   |  |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY**Annual Update: Parent/Guardian must review this information annually, make necessary changes, and initial and date below to verify that the information is current. |  |
| Initials: |  |  |  | Date: |  |  |  | Initials: |  |  |  | Date: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Initials: |  |  |  | Date: |  |  |  | Initials: |  |  |  | Date: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |