



## Emergency Contacts

Child's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian(s): \_\_\_\_\_

I give permission to Reach-Up Inc. and the bus services used to call and allow the people listed below to pick up my child at the center or take my child off the bus at drop off location. The individuals listed below can make emergency medical decision for the child named above on my behalf.

Requirements for Emergency Contact:

- Show a picture ID
- Live within 30 minutes of the classroom and have transportation to pick up the child when called.
- Need to be 16 years old or older to pick up at the center.
- 11-15 year olds can take the child off the bus; place an \* before the name when age is 11-15.

### Place Names in order you want Reach-Up Inc. to contact

Emergency Contact	Full Name & Language spoken	Relationship to Child	Complete Address City, State, Zip	Phone(s) (include area codes, Phone number & type of Phone)
1				1. 2. 3.
2				1. 2. 3.
3				1. 2. 3.
4				1. 2. 3.
5				1. 2. 3.

I agree and understand that it is my responsibility to inform Reach-Up Inc. of any changes to the information I have provided. I will inform my Emergency Contacts that their name, address, and phone number will be seen by bus services staff and other Reach-Up Inc. staff.

Reach-Up Inc. complies with federal privacy laws and respects your rights to Reach-Up Inc. requires all employees that have access to protected information to comply. This authorization may not exceed 18 months from the date of Parent/Legal Guardian's signature and may be revoked with a written statement at any time. A copy of the released information may be requested.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Staff Initials \_\_\_\_\_

350 Highway 10 South Suite 100 | St. Cloud MN, 56304  
Voice: 320.253.8110 | Fax: 320.253.1107 | [www.reachupinc.org](http://www.reachupinc.org)

HS631

updated 02/6/2017