

2020-21 Emergency Contacts & Pick Up List

Emergency Contact Information

The parents listed on the first page of this form will always be the first people contacted in the event of an emergency. However, DSS requires that we have **2 additional emergency contacts** for each child enrolled in MVP. Please give the following information for two people who would assume responsibility for your child in the event of an emergency in which neither parent can be reached. **PLEASE NOTE: Emergency contacts MUST be friends or family members who are in the Richmond area. Please provide complete addresses!**

Emergency Contact 1:

Name _____ Relationship to child _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone (_____) _____ - _____ Home Phone (_____) _____ - _____

Emergency Contact 2:

Name _____ Relationship to child _____

Address _____

City _____ State _____ Zip Code _____

I hereby give permission for my child to leave the MVP with the following persons named below. I understand that it is the responsibility of the parents to notify the MVP, in writing, of any change. Please include child's parents and emergency contacts.

Date	Name	Relationship	Phone#
		Mother	
		Father	
		Emergency Contact #1	
		Emergency Contact #2	

Legal Status of child's custody: ___ Both Parents _____ Mother _____ Father

List persons NOT AUTHORIZED* to pickup this child _____

**We are required to have a copy of legal paperwork on file for a parent not authorized to pickup a child.*

If there is a separation or divorce custody problem of which the MVP should be aware, please explain. MVP MUST have a copy of any custody orders that prevent a parent from having access to his/her child. _____

Date ____ / ____ / ____ X _____

Signature of Parent or Guardian

Name of Child _____