



**Language
Exchange**
of Northern Colorado, LLC

EMERGENCY & PICK-UP INFORMATION

Return complete form to:
Language Exchange of Northern Colorado
412 S Howes St, Ste A
Fort Collins, CO 80521

In order to ensure the safety of your child(ren) and efficient use of everyone's time, please complete the following information:

Names of all children currently enrolled: _____

Health condition for any of the above children:

| <u>Name</u> | <u>Health Condition</u> |
|-------------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Names of adults permitted for pickup of child(ren):
(we will require ID of people unknown to us)

| <u>Name</u> | <u>Relationship</u> |
|-------------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Emergency Contact: _____

Telephone: _____ Cellular Phone: _____

Doctor's Name: _____ Telephone Number: _____

Parent or Gaurdian Date

Signature