



Language Exchange

EMERGENCY & PICK-UP INFORMATION

Return complete form to:
Language Exchange of Northern Colorado
1797 S. College Ave.
Fort Collins, CO 80525

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 (include any allergies) 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