

QuadCare
Door Access Authorization for Non-Employees



Child's Name: _____

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Child ID (Required)

Community Member

I, _____ am a community member with a child at the following QuadCare center: Lomira Sussex

(If applicable) I have designated _____ as an alternate escort to pick up the child listed above.

Parent/Guardian Signature: _____ Date: _____

Employee Authorizing an Alternate Escort

I am an employee and have designated _____ as an alternate escort to pick up the child listed above from the following QuadCare Center: Lomira Sussex

Employee Name: _____ Clock #: _____

Employee Signature: _____ Date: _____

Note: If the alternate escort is an employee or a dependent of an employee, please list the

Employee Name: _____ **Clock #:** _____

For QuadCare Office Use Only

QuadCare Approval: _____

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Date (Required) MM-DD-YY

Notes: _____

