

Student Emergency Contact and Pick-Up Authorization Form

Child's Name	Grade	Date
Parent's/Guardian's Name:		Parent's/Guardian's Name:
Address:		Address:
Relationship to Student:		Relationship to Student:
Cell Number:		Cell Number:
Work Number:		Work Number:
Email Address:		Email Address:

Emergency Contact & Allowed to Pick-Up My Child from School

Name	Relationship to Student	Cell Number	Home Number
1.			
2.			
3.			
4.			
5.			