



Emergency Contact & Pick-up Permission Form

Student Name(s): _____

Indicate below individuals (other than parents/guardians) who are emergency contacts and/or authorized to pick up your child.

Emergency Contact	Authorized to Pick-up	Name	Home Phone	Cell Phone	Relationship
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

I understand that I must notify the school if there are any changes in this emergency contact or pick-up permission information.

Parent (print): _____

Parent Signature: _____ Date: _____