



“Where education is not just preparation for life but life itself!”

EMERGENCY CONTACT FORM

Please list all persons that you would like to be contacted in case of an emergency. **Please note that early dismissals can only be authorized by a parent or guardian.**

Student's Name: _____
Teacher: _____

Date: _____
Grade: _____

Contact Information

First Contact

Name: _____ Relationship: _____
Home: _____ Work: _____ Cell: _____
Email: _____

Second Contact

Name: _____ Relationship: _____
Home: _____ Work: _____ Cell: _____
Email: _____

Third Contact

Name: _____ Relationship: _____
Home: _____ Work: _____ Cell: _____
Email: _____

Please list anyone **Not legally** authorized to pick up your child. Legal documentation must be on file.

Name: _____ Relationship: _____
Document(s) on file: _____ Verified by: _____

Name: _____ Relationship: _____
Document(s) on file: _____ Verified by: _____

Name: _____ Relationship: _____
Document(s) on file: _____ Verified by: _____

Parent/Guardian Signature: _____ Date: _____

Main Office Only
(Please do not write in this section)

Received by: _____ Date: _____

Processed by: _____ Date: _____