



# EMERGENCY & PERMISSION FOR PICK-UP FORM

Family Name \_\_\_\_\_

CHILD(REN) ENROLLED

GRADE

_____	_____
_____	_____
_____	_____
_____	_____

## IN CASE OF EMERGENCY...

Whom should we call First? \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

In the event we are unable to reach the first contact, please provide the names and telephone numbers of three additional contacts

Name	Telephone Number(s)
1. _____	_____
2. _____	_____
3. _____	_____

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD(REN)

Name	Address	Telephone Number(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

*If any of the above information changes throughout the school year, I understand that I am to contact the office immediately to report the change(s).*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_