



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 Numbers(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 Numbers(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: _____