

**EMERGENCY INFORMATION
AND PICK UP
AUTHORIZATION FORM 2018 - 2019
(Early Dismissal or Extended Care)**

STUDENT'S NAME: _____ **Grade:** _____

Student's Address: _____

Home Phone Number: _____ **Student's Cell Number:** _____

Mother/Guardian: _____ **Work Number:** _____
Cell Number: _____

Address (if different): _____

E-mail Address: _____

Father/Guardian: _____ **Work Number:** _____
Cell Number: _____

Address (if different): _____

E-mail Address: _____

PLEASE LIST AT LEAST 3 OTHER EMERGENCY CONTACTS IF YOU CANNOT BE REACHED.

Name: _____ **Phone Number:** _____
Cell Number: _____

Name: _____ **Phone Number:** _____
Cell Number: _____

Name: _____ **Phone Number:** _____
Cell Number: _____

OVER

Name: _____ Phone Number: _____
Cell Number: _____

Name: _____ Phone Number: _____
Cell Number: _____

Name: _____ Phone Number: _____
Cell Number: _____

I am authorized to grant permission to the people listed to pick up my child(ren) from school and agree to hold the school harmless should they release my child(ren) to the people that I have listed.

MEDICAL INFORMATION

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Does your child have any allergies? Yes or No

If yes, please list allergies: _____

Please remember that if your child takes or needs medicine (prescription or over-the-counter), you must have a signed "Physician's Medication Order Form." We cannot administer any medication without this form.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

AUTHORIZED SIGNATURE: _____

DATE: ____/____/____