



Change of Emergency Contacts

Student Information:

Name: _____
Date of Birth: _____ Grade: _____ Gender: _____
Home Phone: _____

Parent/Guardian Information:

Name: _____
Relationship to Student: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____
Email: _____

The following people have my permission to pick up my child in case of an emergency.

Emergency Contact 1:

Full Name: _____ Relationship: _____
Home Ph # _____ Cell Ph # _____ Work Ph # _____

Emergency Contact 2:

Full Name: _____ Relationship: _____
Home Ph # _____ Cell Ph # _____ Work Ph # _____

Emergency Contact 3:

Full Name: _____ Relationship: _____
Home Ph # _____ Cell Ph # _____ Work # _____

Please remove the following from my child's Emergency Contact List:

Parent/Guardian Signature: _____ Date: _____

(Office Staff) Photo ID verified by: _____