

Christ Classical Academy Emergency Contact Information and Pick-Up

Please Print

Homeroom Teacher: _____ Grade: _____

Child's Name: _____

As the parent/guardian of the child listed above, I give permission for the school personnel to call the emergency contact as needed and I authorize the names listed below to pick up my child.

Parent Signature

Emergency Contact Information: *We will make every possible attempt to reach a parent before using an alternative emergency contact.*

_____		_____	
Primary Emergency Contact (non-parent)		Secondary Emergency Contact (non-parent)	
(____) _____	(____) _____	(____) _____	(____) _____
Home Phone	Cell Phone	Home Phone	Cell Phone
_____		_____	
Relationship		Relationship	

Pick- Up Authorization: *Christ Classical Academy has permission to release student to the following individuals:*

1. _____
Name Relationship Phone #

2. _____
Name Relationship Phone #

3. _____
Name Relationship Phone #