



EMERGENCY CONTACT UPDATE FORM

Student Name: _____

Grade _____

Emergency Contact Information:

ADDING CONTACTS: The following people have my permission to care for my student in case neither parent can be reached. (Only the people on record will be allowed to pick up your child.)

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

REMOVING CONTACTS: Please remove the following people from our family’s emergency contact list. They no longer have permission to be contacted or pick my child up from school. (PLEASE NOTE: **A student’s parent can NOT be removed from the emergency contact list** without appropriate legal documentation.)

_____	_____	_____
First Name	Last Name	Relationship
_____	_____	_____
First Name	Last Name	Relationship
_____	_____	_____
First Name	Last Name	Relationship

Parent Acknowledgement:

In case of accident or illness where immediate treatment is not needed, but where my child is unable to remain at school, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed above (or those previously stated on my Emergency Contact Form) be contacted to care for my child until I can be reached. These persons have permission to transport my child.

Date: _____ Signature of Parent or Guardian _____

FOR OFFICE USE ONLY:			
Student ID # _____	Focus <input type="checkbox"/>	Initials: _____	LCD Mainframe <input type="checkbox"/>
			Initials: _____