



Emergency Contacts & Authorized Persons 2021-2022

Student: _____
Name (s)

Parent 1: _____ Parent 2: _____
(Name) (Name)

**Authorized person(s) to pick up your child or to contact in case of emergency
(different from Parent 1 & 2):**

In order of priority

(First & last name) (Relationship) (Telephone 1) (Telephone 2)

(First & last name) (Relationship) (Telephone 1) (Telephone 2)

(First & last name) (Relationship) (Telephone 1) (Telephone 2)

(First & last name) (Relationship) (Telephone 1) (Telephone 2)

Allergies:	Health Condition (s):
_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma Pump: <input type="checkbox"/> Yes <input type="checkbox"/> No