

Alexsander Academy

Emergency Contact Sheet

Student Name _____

Address _____

Phone # _____

Parent Name _____

Phone # (work) _____ (cell) _____

Parent Name _____

Phone # (work) _____ (cell) _____

The following people are authorized to pick up my child in the event of an emergency if I cannot be contacted. I understand it is my responsibility to keep this information current.

Parent Signature

Date

1) Name _____

Address _____

Phone # (home) _____ (cell) _____

Relationship to Child _____

2) Name _____

Address _____

Phone # (home) _____ (cell) _____

Relationship to Child _____

3) Name _____

Address _____

Phone # (home) _____ (cell) _____

Relationship to Child _____