



# PROVIDENCE CHRISTIAN ACADEMY

## 2022-2023 LEGAL GUARDIAN

### EMERGENCY CONTACT AUTHORIZATION FORM

I, \_\_\_\_\_ (written name), the legal parent/guardian of \_\_\_\_\_ (student's name) give permission for the following people below to access my student's records, make decision on behalf of myself regarding academics, health, and finances.

I will not hold liable Providence Christian Academy when information has been release to the people listed below for my child(ren).

Persons who may make decision on behalf of me, for my students.

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

**Please Include in the List Below who we may contact in the event of student illness, late pick up, discipline or other issue needing parent contact in the event you are NOT available. This list may be different from above.**

Persons Name	Relation to Student	Phone #	Alt. Phone #

Parent Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_