



PROVIDENCE CHRISTIAN ACADEMY

2023-2024 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. Please put them in the order you would like them called, if possible please.

Persons Name	Relation to Student	Phone #	Alt. Phone #

Parent Signature: _____

Parent Name: _____