



Emergency Contact Authorization Form

Academic Year: _____

I, _____, the legal parent/guardian of _____ (student's name), give permission for the selected people to be contacted in the event of student illness, late pick up, discipline, or other issue requiring parental contact in the event I am NOT available. Other listed and selected individuals are authorized to pick up my student from school. It is my responsibility as parent/guardian to keep this list current. I will not hold liable Providence Christian Academy when information has been released to the people listed below for my child(ren).

Priority Contact	Person's Name	Relation to Student	Contact Number (C = Cell) (P=Phone/Landline)	May Make Decisions for my student on my behalf (Check box if YES)	Authorized to pick-up my student (Check box if YES)
<input type="checkbox"/>			C P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			C P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			C P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			C P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			C P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			C P	<input type="checkbox"/>	<input type="checkbox"/>

I, _____, grant permission for the selected people above to access my student's academic records, to make decisions on behalf of myself regarding their health and academics, and/or pick them up from school in the event I am NOT available.

(Note: Persons listed as "Authorized to Pick-up" may be asked to show ID before students are released to them.)

Parent Signature: _____ Date: _____

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