



**PROVIDENCE CHRISTIAN ACADEMY**  
**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).

**Please list them in the order you would like them contacted.**

Priority Contact	Person's Name	Relation to Student	Phone # (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"/>			<b>C</b> <b>P</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<b>C</b> <b>P</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<b>C</b> <b>P</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<b>C</b> <b>P</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<b>C</b> <b>P</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<b>C</b> <b>P</b>	<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: \_\_\_\_\_