

New Beginnings Christian Academy

Emergency Information

Child's Name: _____ Allergies: _____

Mother/guardian name _____ 1st Phone: _____

2nd: _____ 3rd: _____ other: _____

Father/guardian name _____ 1st Phone: _____

2nd: _____ 3rd: _____ other: _____

Emergency Contacts/Persons Authorized to pick up child

I, _____, am the Mother, legal guardian (circle one) of:

I, _____, am the Father, legal guardian (circle one) of:

_____ child's full name

_____ child's preferred name

When a person other than the parent or guardian of the child will be picking up the child, written notification or telephonic communication plus password will be provided to the Academy staff. This notification should be provided for each occurrence. Note that person picking up child will be required to show identification (please provide legal name that would appear on their identification). This will also be the order we will call in case of emergency and unable to contact parent/guardian.

1. Emergency Contact _____ Authorized to pick up child _____

Legal Name: _____ Relationship _____

Address: _____

Phone: cell: _____ Home: _____ Work: _____

Question they would know answer to: _____

Answer: _____

2. Emergency Contact _____ Authorized to pick up child _____

Legal Name: _____ Relationship _____

Address: _____

Phone: cell: _____ Home: _____ Work: _____

Question: _____

Answer: _____

Emergency info, continued:

Child's Name: _____

3. Emergency Contact _____ Authorized to pick up child _____
Legal Name: _____ Relationship _____
Address: _____
Phone: cell: _____ Home: _____ Work: _____
Question: _____
Answer: _____

4. Emergency Contact _____ Authorized to pick up child _____
Legal Name: _____ Relationship _____
Address: _____
Phone: cell: _____ Home: _____ Work: _____
Question: _____
Answer: _____

5. Emergency Contact _____ Authorized to pick up child _____
Legal Name: _____ Relationship _____
Address: _____
Phone: cell: _____ Home: _____ Work: _____
Question: _____
Answer: _____

6. Emergency Contact _____ Authorized to pick up child _____
Legal Name: _____ Relationship _____
Address: _____
Phone: cell: _____ Home: _____ Work: _____
Question: _____
Answer: _____

The above list will remain in effect until I notify New Beginnings Christian Academy in writing of any changes.

Date: _____

Mother/Guardian: _____ Father/Guardian: _____