

Dunnellon Christian Academy

STUDENT EMERGENCY CONTACT & PICK UP INFORMATION

STUDENT NAME: _____ GRADE: _____
STUDENT NAME: _____ GRADE: _____
STUDENT NAME: _____ GRADE: _____
STUDENT NAME: _____ GRADE: _____
STUDENT NAME: _____ GRADE: _____

Mother Name: _____
Home Phone: _____ Cell: _____ Work: _____
Email: _____

Father Name: _____
Home Phone: _____ Cell: _____ Work: _____
Email: _____

Please list below individuals who should be contacted in case of emergency if you are not available. Also please list who your children are permitted to leave with. These are the only people your children will be permitted to leave with if you are unable to pick them up.

**** The EC will be required to be at the school within 30 minutes, you will be billed \$5.00 per minute after 30 minutes.**

**EC	Name	Relationship	Cell	Home	Work

The individuals listed above are permitted to pick up my children.

_____ (parent/guardian signature) Date _____
_____ (printed name)