Change of Emergency Contacts and Pickup Information

Student Name: _____ Date Effective: _____

☐ADD ☐REMOVE ☐UPDATE

First Name: _____ Last Name: _____

Home Phone: _____ Mobile Phone: _____

☐Emergency Contact Relation: _____

☐Allowed to pick up child

DL# _____ Tag: _____

NOTES: _____

☐ADD ☐REMOVE ☐UPDATE

First Name: _____ Last Name: _____

Home Phone: _____ Mobile Phone: _____

☐Emergency Contact Relation: _____

☐Allowed to pick up child

DL# _____ Tag: _____

NOTES: _____