PARENT RESOURCE

Emergency contact form

Printable sample for collecting family, emergency, and authorized pickup information. Replace with the academy's approved form before use.

Child information

Child's full name

Preferred name

Date of birth

Preferred campus

Parent or guardian

Name

Relationship to child

Primary phone

Alternate phone

Email address

Home address

EMERGENCY CONTACT FORM

Emergency contact

Name

Relationship to child

Primary phone

Alternate phone

Authorized pickup

Name	Relationship	Phone

Additional information

Use this space for information the academy specifically requests for emergency planning. Do not include sensitive medical details unless the academy's approved form asks for them.

Parent/guardian signature

Date