

Lakeland Christian Academy

Emergency Contact / Persons Authorized to Pick-up

Student(s): _____

Contact (1) First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Phone: _____ Relationship to Child: _____

Emergency Contact: Yes No Authorized to Pick Up: Yes No

Contact (2) First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Phone: _____ Relationship to Child: _____

Emergency Contact: Yes No Authorized to Pick Up: Yes No

Contact (3) First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Phone: _____ Relationship to Child: _____

Emergency Contact: Yes No Authorized to Pick Up: Yes No

Contact (3) First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Phone: _____ Relationship to Child: _____

Emergency Contact: Yes No Authorized to Pick Up: Yes No

Contact (5) First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Phone: _____ Relationship to Child: _____

Emergency Contact: Yes No Authorized to Pick Up: Yes No

Parent Name: _____ Signature: _____ Date: _____