



**South Hills Academy**  
**STUDENT EMERGENCY CONTACT FORM**  
**2018-2019**

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Please print Last Name / First Name

**Teacher:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Day Time Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Day Time Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please list below people authorized to take your child from school in the event of an injury, illness or emergency. These people need to be able to drive. You **MUST** list at least one person other than parent:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

*(Please use the back if you require further space.)*

**Please list people NOT AUTHORIZED to pick child up from school:**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Please list any MEDICAL problems/concerns for the above child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

