EMERGENCY PICK-UP PHONE CHAIN 2023-24 STUDENT'S LAST NAME _____

(please print)

firs	st name/grade	first name/grade	first name/grade	first name/grade
we abl	have an emergency e to pick up your of	y, such as power outage, pl child(ren) within 30 minu	umbing issues, relocations, <mark>1tes.</mark> This phone number wi	y School during the day, or should etc. <u>List a person who will be</u> 11 NOT be used for snow days. v.emergencyclosingcenter.com.
Parent NAME:			emergency phone:	
Parent NAME:			emergency phone:	
OI	R			
1)	NAME:			
	HOME PHON	E NUMBER:		
	WORK NUME	BER:		
	CELL PHONE	NUMBER:		-
2)	NAME:			
	HOME PHON	E NUMBER:		
	WORK NUMB	ER:		
	CELL PHONE	NUMBER:		

Please remember that the person(s) you list on this form should be an adult that can pick up your child IMMEDIATELY in the event of an emergency. Your child(ren) will be released ONLY to the person(s) listed on this form.

Student released to:

Date:

By: