Cornerstone
CHRISTIAN ACADEMY
FOR LEARNING & LEADERSHIP

EMERGENCY CONTACT/AUTHORIZED PICK UP

FAMILY NAME:_____

Student Name_____ Grade_____

Emergency Contacts/Authorized Pick-up

Please put local contacts - first to last - in order of availability to pick up child.

Emergency Contact	Relationship	Home Phone	Cell or Work Phone	Pick Up or Emergency Circle Appropriate	
		( )	( )	PU	E
Emergency Contact	Relationship	Home Phone	Cell or Work Phone	PU	E
		( )	( )		
Emergency Contact	Relationship	Home Phone	Cell or Work Phone	PU	E
		( )	( )		
Emergency Contact	Relationship	Home Phone	Cell or Work Phone	PU	E
		( )	( )		
Emergency Contact	Relationship	Home Phone	Cell or Work Phone	PU	E
		( )	( )		
Emergency Contact	Relationship	Home Phone	Cell or Work Phone	PU	E
		( )	( )		
Emergency Contact	Relationship	Home Phone	Cell or Work Phone	PU	E
		( )	( )		
Emergency Contact	Relationship	Home Phone	Cell or Work Phone	PU	E