



2021-2022 Emergency Contact Form

Student Information

Last	First	Middle	Date of Birth
Address: Street Address			Apartment/Unit #
City		State	ZIP Code

Siblings at WPCS

Name and grade _____

Parent/Guardian(s) Information

Primary Custody: Please check one. Mother Father Both Foster Other: _____
 Name(s): _____

 Cell Phone 1: _____ Cell Phone 2: _____
 Home Phone 1: _____ Home Phone 2: _____
 Work Phone 1: _____ Work Phone 2: _____
 Email Address(es): _____

Authorized Pick Up Contact Information (other than Parent/Guardian(s))

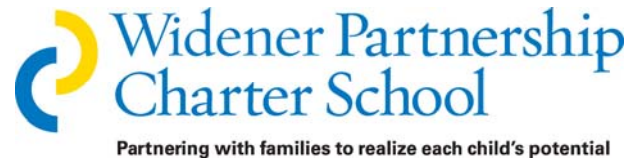
If I am unable to pick up my child(ren), I grant permission for the persons below to pick up my child(ren) in my absence.
****NOTE: MUST present PICTURE ID upon arrival for every pickup.****

Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	

If you wish to provide more contacts, please continue on the back of this form and check this box.

Medical Emergency Information

In case of medical emergency, may we contact the individuals listed above? Yes No
 If no, please list below the preferred contact person if the parent/guardian is not available.
 Name: _____ Relationship: _____ Phone: _____



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