

# Maricopa Unified School District #20

## Emergency Contact Sign-Out Information Form

2018-2019

Please complete the following information detailing who may sign your child out from school. Please understand that if a person's name is not listed as an authorized contact, they will not be able to sign your child out from school unless we have prior written permission from you. All authorized contacts must be over the age of 18. Identification will be required.

*(Please print clearly)*

**Student Last Name:** \_\_\_\_\_

**Student First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**1) Parent/Guardian Name:** \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address (if different than above): \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone/Text Message: \_\_\_\_\_ Email: \_\_\_\_\_

**2) Parent/Guardian Name:** \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address (if different than above): \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone/Text Message: \_\_\_\_\_ Email: \_\_\_\_\_

**IN CASE OF EMERGENCY AND NEITHER PARENT CAN BE REACHED,**

**PLEASE LIST NAME, RELATIONSHIP AND PHONE NUMBERS OF RELATIVES OR FRIENDS WE MAY CONTACT. (Please print clearly)**

**Please provide at least one contact – even if they are out of state**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Release to (circle one) Yes No Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Release to (circle one) Yes No Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Release to (circle one) Yes No Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Release to (circle one) Yes No Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For School Use Only

2018-2019 Grade:

2018-2019 Teacher: