

STUDENT NAME _____

(Please provide all information. **Very Important: at least one of your contacts must be within 5 - 10 minutes from the school.**)

AUTHORIZED PERSON TO PICK UP CHILD

Name of Person: _____

Relationship to Child: _____

Address: _____

Work Phone: _____ Cell Phone / Pager: _____

Home Phone: _____

Person under 15 years of age? YES NO

AUTHORIZED PERSON TO PICK UP CHILD

Name of Person: _____

Relationship to Child: _____

Address: _____

Work Phone: _____ Cell Phone / Pager: _____

Home Phone: _____

Person under 15 years of age? YES NO

AUTHORIZED PERSON TO PICK UP CHILD

Name of Person: _____

Relationship to Child: _____

Address: _____

Work Phone: _____ Cell Phone / Pager: _____

Home Phone: _____

Person under 15 years of age? YES NO

Date _____

STUDENT NAME _____

Please list any person(s) that should **never** be authorized to pick up your child(ren):
(A court order must be on file at your child's school office.)

Name:	Relationship to Child:

Emergency Treatment and Transportation

In the event of an emergency, 911 will be called and parents will be notified.

Is your child on any daily medication? YES NO

If yes, state the name of the medication, reason for taking it, and side effects or behavioral changes while being medicated:

Does your child have any allergies? YES NO

If yes, please list the allergic reactions:

Does your child have any special behavioral or learning needs? YES NO

If yes, please state the nature of child's needs and schedule an appointment to confer with BASEC.
You must meet with BASEC before your child may start.

To the best of my knowledge, I affirm that the above information is accurate and correct.

Parent/Guardian Signature

Date