



**STUDENT NON-EMERGENCY CONTACT FORM  
2025-2026**

In the event of a NON-MEDICAL EMERGENCY, the following adults have my permission to pick up my child:

CHILD'S NAME: \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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