ST. MARGARET
SCHOOL

STUDENT NON-EMERGENCY CONTACT FORM 2026-2027

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:_____