



HARVEST CHRISTIAN SCHOOL

"Training Up Leaders to Impact Generations"

STUDENT EMERGENCY CONTACT INFORMATION 2023-2024

PARENT/GUARDIAN INFORMATION: I, _____ the parent/guardian(s) of _____. I can be reached at one of the following telephone numbers and/or addresses:

WORK

Address _____

City, State & Zip Code _____

Telephone Number _____

Email Address: _____

HOME

Address _____

City, State & Zip Code _____

Home or Cell Telephone Number _____

STATEMENT OF AUTHORIZATION

I/We, _____ give permission to Harvest Christian School to release my child(ren) (listed above) to the individual(s) listed below. I/We understand the individual(s) below must show identification upon request prior to the release of my child/children into their custody and will be held responsible for health and safety of the child(ren) thereafter.

CHILD RELEASE

In the event we are unable to personally pick up our child(ren), we give consent for our child(ren), _____ to be released to the following individual(s) :

1. Name _____ Relationship: _____

Phone & Email: _____

2. _____ Relationship: _____

Phone & Email: _____

3. _____ Relationship: _____

Phone & Email: _____