



Laurel Public Schools

PLEASE PRINT CLEARLY

Student Emergency Contact Update

Please list below any individual(s) who you authorize to pick up your student and/or be contacted in the event of an emergency. Your child's safety is of the utmost importance to us. Thank you for your cooperation.

Student Name _____ Grade _____

Emergency Contacts/Authorized Person(s) to pick up Student

Important: The information below will replace all previous non-household emergency contact information on file. Please list only non-household contacts (not parent/guardian already on file).

Name _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

I understand that I MUST give written permission for my child/student to be picked up at the bus stop or at school by anyone other than myself. I accept full responsibility for my child/student in releasing him/her to the people listed above. I understand that my child will not be released to anyone whose name is not listed above in the event of an emergency.

Parent/Guardian **PRINTED** Name _____

Parent/Guardian Signature _____

Date _____ Contact Phone Number (in case of questions) _____

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL