



MOUNT ARLINGTON PUBLIC SCHOOLS

STUDENT EMERGENCY CONTACT AND AUTHORIZED PICK UP FORM

Pre-Kindergarten through Grade 8

Please complete one form for each student and notify the school promptly whenever contact, custody, or dismissal information changes. The completed form must be retained in the student's school record.

1. STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name / Middle Name
Date of Birth (MM/DD/YYYY)	School: ☐ Edith M. Decker ☐ MAPS
Grade	Local ID

2. PARENT / GUARDIAN CONTACTS

Parent or Guardian Name	Relationship	Primary Phone	Alternate Phone	Email	Permissions
		Cell: _____ Home: _____	Work: _____ Other: _____		☐ Contact ☐ Pick up
		Cell: _____ Home: _____	Work: _____ Other: _____		☐ Contact ☐ Pick up

3. EMERGENCY CONTACTS: List adults other than the parents/guardians above who may be contacted if a parent/guardian cannot be reached. Photo identification may be required before student release.

Full Name	Relationship	Primary Phone	Alternate Phone	Priority (1, 2, 3)	Authorized to Pick Up?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Important: Please provide the school with a current copy of any court order or legal document affecting custody, educational decision-making, contact, or release of the student. School personnel will follow current legal documentation on file.

4. EMERGENCY CARE AUTHORIZATION

If a parent/guardian cannot be reached during an illness, injury, or other emergency, I authorize Mount Arlington Public Schools to contact the individuals listed on this form and to obtain emergency medical assistance for my child when school officials determine that immediate care is necessary. I understand that the district will continue reasonable efforts to contact a parent/guardian and that this authorization does not replace required health forms or medication orders.

☐ I authorize emergency medical assistance as described above.

☐ I do not authorize (school will still act as permitted or required by law).

5. PARENT / GUARDIAN VERIFICATION

I certify that the information provided is accurate and complete. I understand that I must notify the school promptly, in writing, of any changes. I authorize the school to release the student only to a parent/guardian or other person authorized on this form, subject to current legal documentation and district procedures.

Parent/Guardian Printed Name	Relationship to Student
Parent/Guardian Signature	Date

DISTRICT USE ONLY

Date Received	Received By	Entered/Updated in SIS By
Nurse Review Completed By	Custody Documents on File? ☐ N/A ☐ Yes	Follow-Up Needed? ☐ No ☐ Yes