

2018-2019 Emergency Contact/Emergency Pick Up Form
****one form per family –must be completed EACH year****

Family Last Name: _____

Student First Name

Student Last Name if different from above

Parent's Names: _____

Mother: Cell: _____ **other:** _____ **EMAIL:** _____

Father: Cell: _____ **other:** _____ **EMAIL:** _____

Student(s) live with (circle one) mother father both other

Are there any custody issues that Greeley Options needs to be aware of? **Yes** **No**

In case of emergency and parents cannot be reached, call:

Other – Name: _____ Phone: _____ Relationship: _____

Other – Name: _____ Phone: _____ Relationship: _____

The following persons are authorized to pick this student up from Greeley OPTIONS
in the middle of the school day:

Mother

Father

Other – Name: _____ Phone: _____ Relationship: _____

Other – Name: _____ Phone: _____ Relationship: _____

Other – Name: _____ Phone: _____ Relationship: _____

Signature

Printed Name

Date