



Mt. Olivet Junior Academy  
**EMERGENCY CONTACTS AND  
AUTHORIZED PERSONS FORM**

Today's Date: \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle

**Part I: Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Day/Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Day/Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Day/Work # \_\_\_\_\_

**Part 2: Authorized Person(s) to Pick Up Your Child**

A Government Issued Photo ID must be on file and presented at the time of pick up.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Day/Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Day/Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Day/Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Day/Work # \_\_\_\_\_

I authorize that the individuals listed in Part I can be contacted by the school in case of emergency and individuals in Part 2 are authorized to pick my child up from school.

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(Please use the backside of this form if you need additional space to write.)*

Authorization Password \_\_\_\_\_