

**AFTER SCHOOL EMERGENCY INFORMATION
& PICK-UP AUTHORIZATION FORM**

Student's Name

Homeroom



Parent 1

Parent 2

Name: _____

Name: _____

Address: _____

Address: _____

Cell #: _____

Cell #: _____

Home #: _____

Home #: _____

Work #: _____

Work #: _____

Email: _____

Email: _____

In the event of an EMERGENCY situation involving your child(ren) at ASP, persons will be contacted in the order listed below. When filling out this form, carefully consider the ASP HOURS OF 2:30 – 6:00PM as these contacts may be different than those on file with the nurse's office. Please use a separate line for each phone number (ie. Cell, home, work, etc.). You may continue to list as many contacts as necessary on the other side of this page, but please provide at least FIVE. Remember to indicate who and how (ie. Home, office, cell) we are calling. Please make sure you have at least one person listed who can be at SMS within one hour in case of emergency.

Name	Relationship	Phone #	Type of Phone
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1st _____

2nd _____

3rd _____

4th _____

5th _____

Please list below and additional people authorized to pick up the above child(ren) from ASP. Children will not be released to anyone not specifically listed on this page. ASP staff may request identification before releasing your child. Additional names may be listed on the other side of this page.

Name

Relationship to Child

By signing below, I agree that I have read the ASP Information Handbook and agree to follow all procedures as stated. I am responsible for reading any updates posted to the handbook on the website throughout the school year. In the event of an ASP emergency closing, I realize it is my responsibility to check the school website for closing information.

Parent's Signature

Date