

Maricopa Unified School District #20

Please complete the following information detailing who may sign your child out from school. Please understand that if a person's name is not listed as an authorized contact, they will not be able to sign your child out from school unless we have prior written permission from you. All authorized contacts must be over the age of 18. Identification will be required.

Emergency Contact Sign-Out Information Form

2017 - 2018

(Please print clearly)

Student Last Name: _____

Student First Name: _____

Gender (circle one): **M** **F** Grade: _____ Date of Birth: _____

1) Parent/Guardian Name: _____

Home address: _____

Mailing address (if different than above): _____

Home phone: _____ Work phone: _____

Cell phone/Text Message: _____ Email: _____

2) Parent/Guardian Name: _____

Home address: _____

Mailing address (if different than above): _____

Home phone: _____ Work phone: _____

Cell phone/Text Message: _____ Email: _____

IN CASE OF EMERGENCY AND NEITHER PARENT CAN BE REACHED,

PLEASE LIST NAME, RELATIONSHIP AND PHONE NUMBERS OF RELATIVES OR FRIENDS WE MAY CONTACT. (Please print clearly)

1. Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

2. Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

3. Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

4. Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Parent Signature: _____ Date: _____