



INTEGRITY
ACADEMY

Emergency Contact and Pick Up Authorization

Please provide the most up to date information possible AND a copy of each person's identification card.

This information will be provided for the mentors to use during the pick-up and drop off procedures. In the event that an emergency occurs and we are unable to reach either parent/guardian, we must have at least one alternate contact on file for each student.

Student Name	Date of Birth
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Food/Drug Allergies or Other Medical Concerns

PARENTS/GUARDIANS

Parent/Guardian 1 First Name	Parent/Guardian 1 Last Name	Authorized to Pick Up? <input type="checkbox"/> Yes	<input type="checkbox"/> No
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Home Phone#	Work Phone#	Mobile Phone #
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Parent/Guardian 2 First Name	Parent/Guardian 2 Last Name	Authorized to Pick Up? <input type="checkbox"/> Yes	<input type="checkbox"/> No
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Home Phone#	Work Phone#	Mobile Phone #
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OTHER EMERGENCY CONTACTS

Contact #1 First Name	Last Name	Authorized to Pick Up? <input type="checkbox"/> Yes	<input type="checkbox"/> No
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Relationship to Student	Home Phone#	Work Phone#	Mobile Phone#
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Home Address	DL/ID# <input type="checkbox"/> Copy on File	Date of Birth
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Contact #2 First Name	Last Name	Authorized to Pick Up? <input type="checkbox"/> Yes	<input type="checkbox"/> No
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Relationship to Student	Home Phone#	Work Phone#	Mobile Phone#
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Home Address	DL/ID# <input type="checkbox"/> Copy on File	Date of Birth
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Contact #3 First Name	Last Name	Authorized to Pick Up? <input type="checkbox"/> Yes	<input type="checkbox"/> No
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Relationship to Student	Home Phone#	Work Phone#	Mobile Phone#
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Home Address	DL/ID# <input type="checkbox"/> Copy on File	Date of Birth
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Signature of Parent/Legal Guardian	Date
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