## **DBP** Authorization for Emergency Contact

Please write all information clearly

| Child's Name  | _              |
|---|----------------|
| Teacher's Name  |                |
| Parent Signature  | _              |
| Mother's Full Name:   |                |
| Home #:   |                |
| Cell #:   |                |
| Work #:   | _              |
| Father's Full Name:   | _              |
| Home #:   | _              |
| Cell #:   |                |
| Work #:   |                |
| people are authorized to pick up the child in the event of illness or the chil<br>left on campus after school hours.<br>This is not an authorization for carpool pick up. | <u>d being</u> |
| Name:   |                |
| Relationship to Child:  |                |
| Home #:   |                |
| Cell #:   |                |
| Work #:   |                |
| Name:   |                |
| Relationship to Child:  |                |
| Home #:   |                |
| Cell #:   |                |
| Work #:   |                |
| Name:   |                |
| Relationship to Child:  |                |
| Home #:   |                |
| Cell #:   |                |
| Work #:   | <u></u>        |