



ADDITIONAL EMERGENCY AND AUTHORIZED PICK UP FORM

Local ID# _____

OEISD Campus _____

PLEASE PRINT

Student's Legal Name (as appears on birth certificate): _____
(Last) (Jr, III, etc) (First) (Middle)

Preferred Name: _____ Date of Birth: ____/____/____ Gender: M F Grade Level: _____

Emergency Contacts and Medical Information (To be used only if the Parent/Guardians cannot be reached).

Emerg. Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Emerg. Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Emerg. Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Emerg. Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Authorized Pick Up

Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Contact Name: _____ Relationship to Student: _____
(Last, First)

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Parent/Guardian's Signature _____ Date _____

Reminder If any of the above information changes during the school year, please contact the school office immediately.