



St. George Mini School Emergency Record

Legal Name of Child:	Address:	
Preferred Name:	City:	Prov:
Date of Birth (dd/mm/yyyy):	Postal:	

Parent/Guardian Name:	Preferred Name:
Relationship to Child:	Primary Phone #:
Address (if different):	Alternate #:
City: Prov: Postal:	Email:

Parent/Guardian Name:	Preferred Name:
Relationship to Child:	Primary Phone #:
Address (if different):	Alternate #:
City: Prov: Postal:	Email:

Custody Arrangements (if applicable):

Are there custody arrangements parenting to legal right of access to your child? Yes / No
If YES, please provide a copy of the appropriate legal documentation (Ex. Court Order)

Emergency and Pick-Up Authorization

The following additional individuals are authorized to pick up my child.
(Photo ID will be required to confirm identity before the child will be released)

Full Legal Name	Relationship to Child	Primary Phone #

Note: If anyone listed is under the age of 16, please complete the Authorization for Youth Escort Form.

Parent/Legal Guardian Signature: _____ Date: _____

Supervisor's Signature: _____ Date : _____

