

2018-2019 School Year Additional Information Form

Student name: _____

Grade: _____

The Arizona Department of Health Services blue Emergency Information and Immunization Record Card requires indication of individuals who are authorized to collect your child if you cannot be located. Please indicate on this form additional names of other individuals who are authorized to pickup your child.

Child may be picked up by:

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Child **may not** be picked up by:

The above named person must be 18 years or older

Parent Signature _____ Date _____

Additional names after registration:

Child may be picked up by:

Date added	Name	Phone Number	Staff Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____