

# Flight Academy

Emergency Contact & Pickup Authorization

Literacy & Mental Wellness  
Microschool

## STUDENT INFORMATION

STUDENT FULL NAME \*

Grade

Date of Birth

## EMERGENCY CONTACTS

Please list at least two (2) emergency contacts who may be called if a parent/guardian cannot be reached. These individuals should be local and able to arrive quickly.

### Emergency Contact #1

FULL NAME \*

RELATIONSHIP TO STUDENT \*

CELL PHONE \*

HOME/WORK PHONE

EMAIL ADDRESS

### Emergency Contact #2

FULL NAME \*

RELATIONSHIP TO STUDENT \*

CELL PHONE \*

HOME/WORK PHONE

EMAIL ADDRESS

### Emergency Contact #3 (Optional)

FULL NAME

RELATIONSHIP TO STUDENT

CELL PHONE

HOME/WORK PHONE

## AUTHORIZED PICKUP PERSONS

Only the individuals listed below (and the parent/guardian) are authorized to pick up your child. A valid photo ID will be required. Please notify Flight Academy in writing of any changes to this list.

FULL NAME

RELATIONSHIP

PHONE NUMBER

PHOTO ID TYPE

**⚠Important:** No child will be released to any person not listed above or not a parent/guardian on file. If someone not on this list needs to pick up your child, you must notify Flight Academy in advance by phone or email with a description and name of the individual.

## PERSONS NOT AUTHORIZED FOR PICKUP

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List any individuals who are specifically NOT allowed to pick up your child. If a court order or custody agreement is in place, please provide a copy.

**NAME(S) AND REASON (IF APPLICABLE):**

Court order / custody agreement attached     Not applicable

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I authorize the individuals listed above to pick up my child from Flight Academy. I understand that photo identification will be required, and I will notify the school in writing of any changes.

**PARENT / GUARDIAN SIGNATURE**

**Date**

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**PARENT / GUARDIAN PRINTED NAME**

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