

**MT. FRANKLIN CHRISTIAN ACADEMY
201 E. Sunset Rd., El Paso, TX 79922**

Student: _____ **Grade:** _____ **Date:** _____

EMERGENCY CONTACT

List telephone numbers where parents may be reached while student is in our care:

Mother's daytime phone number(s): _____

Father's daytime phone number(s): _____

Guardian's daytime phone number(s): _____

Give name of person to call in case of an emergency if parents cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

AUTHORIZATION FOR RELEASE OF STUDENT

I hereby authorize the day care facility to allow my child to leave the school ONLY with the following persons:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Parent or Guardian: _____

Name of Parent/Guardian: _____ **Date:** _____

(Please Print)