



# Emergency Contacts and Transportation Authorization

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please provide at three (3) emergency contacts that are available during the school day and are within a one (1) hour drive to Chestertown Christian Academy:

1. Name of emergency contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address of emergency contact: \_\_\_\_\_

\_\_\_\_\_

Telephone number of contact: \_\_\_\_\_

Email address of contact: \_\_\_\_\_

2. Name of emergency contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address of emergency contact: \_\_\_\_\_

\_\_\_\_\_

Telephone number of contact: \_\_\_\_\_

Email address of contact: \_\_\_\_\_

3. Name of emergency contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address of emergency contact: \_\_\_\_\_

\_\_\_\_\_

Telephone number of contact: \_\_\_\_\_

Email address of contact: \_\_\_\_\_

I authorize the following individuals to pick up my child from school without requiring contact from the CCA school office:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date