

St. Luke's Little School EMERGENCY CONTACT FORM SAFE PICKUP LIST



Child's Last Name	Child's First Name	DOB	Gender
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Emergency Contacts Other than Parents (someone local i.e. friend, neighbor, or relative)

Name 1	Relation to Child	Email
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Phone	Address	Safe to pick up?
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Name 2	Relation to Child	Email
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Phone	Address	Safe to pick up?
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Name 3	Relation to Child	Email
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Phone	Address	Safe to pick up?
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Safe Pickup List

Name 1	Relation to Child	Email
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Phone	Address	
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Name 2	Relation to Child	Email
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Phone	Address	
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Name 3	Relation to Child	Email
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Phone	Address	
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Parent/Guardian Signature	Date
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