



Richmond Preparatory Christian Academy
Authorized Pick Up/Emergency Contact Form
Please PRINT clearly.

Student Name (First, Last)

Grade

Contact Name (First, Last):

phone#:

Relationship to student: _____

Authorized pick up:

Emergency contact:

Contact Name (First, Last):

phone#:

Relationship to student: _____

Authorized pick up:

Emergency contact:

Contact Name (First, Last):

phone#:

Relationship to student: _____

Authorized pick up:

Emergency contact:

Contact Name (First, Last):

phone#:

Relationship to student: _____

Authorized pick up:

Emergency contact:

Parent Signature:

Date: