



# ST. ELIZABETH SCHOOL

Helping Students with Special Needs Go the Distance

## Contact Information / Pick-up Release Form

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

### Contact Information

St. Elizabeth School uses *Blackboard Connect*, a rapid notification system that allows us to contact you quickly when we have a change to the normal school day due to weather or an unforeseen event. The school also uses the rapid notification system to remind families of important dates or events. When a message is sent, the system will send it simultaneously to all the contact numbers/email addresses you provide. Please provide us with your preferred contact information below.

|                         | Parent/Legal Guardian | Parent/Legal Guardian |
|-------------------------|-----------------------|-----------------------|
| Name                    |                       |                       |
| Home Address            |                       |                       |
| Work Address            |                       |                       |
| Preferred Email Address |                       |                       |
| Home Phone              |                       |                       |
| Cell Phone              |                       |                       |
| Work Phone              |                       |                       |

### Authorized Pick-up / Other Emergency Contacts List

Please list the names and contact information for other persons to whom the school is allowed to release your child, if you are not available. List contacts **IN THE ORDER** that you would like them to be contacted in the event that there is an emergency and we cannot reach a parent/legal guardian. Contacts **MUST PROVIDE A VALID DRIVER'S LICENSE OR GOVERNMENT-ISSUED ID** in order to pick up your child. By signing this form, you give St. Elizabeth School staff permission to share health information about your child, in the event of an emergency, with the people you have designated as emergency contacts.

|                          |  |   |  |
|--------------------------|--|---|--|
| Name:                    |  | Phone Number:   |  |
| Relationship to Student: |  | Can this person be contacted in case of an emergency? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name:                    |  | Phone Number:   |  |
| Relationship to Student: |  | Can this person be contacted in case of an emergency? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name:                    |  | Phone Number:   |  |
| Relationship to Student: |  | Can this person be contacted in case of an emergency? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

\_\_\_\_\_  
Signature of Parent or Guardian\_\_\_\_\_  
Date



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To make changes to the information on this form after it has been submitted, please contact our Front Lobby Receptionist, Mrs. Barbara Chase, at [bchase@stelizabeth-school.org](mailto:bchase@stelizabeth-school.org).