



INTERNATIONAL SCHOOL OF LOUISIANA

ALTERNATE EMERGENCY CONTACT & PICK-UP AUTHORIZATION

December 17, 2008

The information in this form is to be given to the classroom teacher. If a student has a Chronic Illness, please complete the Chronic Illnes Form to be filed with this form.

Student's Full Name: _____

Physician's Name: _____ Phone: _____

If student's parents/guardians are not available for an emergency, please contact the following:
(ISL WILL NOT RELEASE YOUR CHILD TO ANYONE AGED 16 OR UNDER)

1. Name: _____ Relation to student: _____
Home Number: _____ Work Number: _____
Cell 1 Number: _____ Cell 2 Number: _____

2. Name: _____ Relation to student: _____
Home Number: _____ Work Number: _____
Cell 1 Number: _____ Cell 2 Number: _____

3. Name: _____ Relation to student: _____
Home Number: _____ Work Number: _____
Cell 1 Number: _____ Cell 2 Number: _____

4. Name: _____ Relation to student: _____
Home Number: _____ Work Number: _____
Cell 1 Number: _____ Cell 2 Number: _____

Individuals authorized to pick-up my child from school (different from above):

1. Name: _____ Phone Number _____

2. Name: _____ Phone Number _____

3. Name: _____ Phone Number _____

4. Name: _____ Phone Number _____