

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL CONTACTS for EMERGENCY CARD  
MEDICAL EMERGENCY NOTIFICATIONS/ADULTS AUTHORIZED TO REMOVE  
STUDENT FROM SCHOOL**

**Only First Aid care and parent notification are provided at the school site. Please list up to three people who can pick up or excuse your child and provide transportation if you (parent/guardian) are not available.**

<b>1<sup>st</sup> Choice Full Name</b>	<b>Relationship</b>	<b>Area code/Phone Number</b>
<b>2<sup>nd</sup> Choice Full Name</b>	<b>Relationship</b>	<b>Area code/Phone Number</b>
<b>3<sup>rd</sup> Choice Full Name</b>	<b>Relationship</b>	<b>Area code/Phone Number</b>

**FOR YOUR CHILD'S SAFETY, OPMS WILL NOT RELEASE HIM/HER TO ANYONE NOT LISTED ON THE EMERGENCY FORM. WE WILL REQUEST A CURRENT PICTURE ID BEFORE A STUDENT IS RELEASED.**

**Print Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return this form to the Front Office at OPMS or fax it to our office at 760-788-5014.*