



ETIP Emergency Contact Form

In case of an emergency, when no parent can be reached, the following may act on my behalf. My child may be released to (individuals listed below may have access to health information about my child):

[] Emergency Authorization Granted to the following individual(s) or [] No Emergency Authorization Granted

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relation to Child: _____

Primary Phone: _____ Secondary Phone: _____

To the best of my knowledge, the information contained above is true, complete, and accurate.

I understand that if any of the information above should change, a new ETIP Emergency Contact Form should be submitted to the Early Talent Identification Program at Paul Quinn College as soon as possible.

Signature of Parent : _____

Date: _____ / _____ / _____