

**EMERGENCY PERMISSION  
OUR LADY OF MOUNT CARMEL SCHOOL  
SCHOOL YEAR 2011-2012**

Student Name \_\_\_\_\_ Homeroom \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Other Than Parents**

Secondary Contact Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PLEASE CONTACT THE SCHOOL OFFICE IF ANYONE OTHER THAN A PARENT IS PICKING UP YOUR CHILD EARLY. IF PICKING UP AT THE END OF THE DAY, PLEASE LIST WHO THESE PEOPLE MIGHT BE**

**Please List All Persons Who May Pick Up Your Child/Children**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name