

**Champions Christian Academy
STUDENT EMERGENCY INFORMATION**

Student's Name _____

Father's Name _____ Daytime Phone _____

Email _____

Mother's Name _____ Daytime Phone _____

Email _____

Authorized persons to pick-up my child:

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Out of State Contact _____ Daytime Phone _____

Relationship to Child _____

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