

# Emergency Contact Authorization for School Activities

Date: \_\_\_\_\_

To Whom It May Concern,

I, [Parent/Guardian Name], am the parent/guardian of [Child's Full Name], a student at [School Name].

In the event of an emergency during school activities, I authorize the following individuals to be contacted:

1. Name: [Emergency Contact 1 Name] - Phone: [Emergency Contact 1 Phone Number]
2. Name: [Emergency Contact 2 Name] - Phone: [Emergency Contact 2 Phone Number]

Please allow these individuals to make decisions regarding my child's health and well-being if I am unavailable.

If any changes occur regarding this authorization, I will inform the school immediately.

Thank you for your attention to this matter.

Sincerely,

[Parent/Guardian Signature]

[Parent/Guardian Name]

[Address]

[Phone Number]