



ANNOOR ACADEMY OF CHATTANOOGA

2533 Gunbarrel Road
Chattanooga TN. 37421
Phone: 423-894-1637
Fax: 423-894-1638

EMERGENCY INFORMATION/ DISMISSAL AUTHORIZATION

School Year _____

Students Name _____

Date of Birth _____/_____/_____ Social Security Number _____/_____/_____

The following individuals are authorized to pick up the above named child and/or to work with school personnel in the event of an emergency or illness. I hereby give permission to the named individuals to pick up my child. I understand that if persons other than the parent /guardian will pick up my child I must give verbal or written authorization to the school.

Father /Guardian _____ Telephone _____ Cell _____

Mother/Guardian _____ Telephone _____ Cell _____

Relative or Friend:

Name _____ Telephone _____ Cell _____

Name _____ Telephone _____ Cell _____

Family Physician -Name _____ Telephone _____

Take Child to Hospital _____

It is important for teachers and the Principal to have special medical information concerning your child so that any emergency may be taken care of as adequately as possible. Please summarize any special medical conditions

Parent / Guardian Signature

Date