



Emergency Contact and Carpool Authorization

Name of participant: _____

Home address _____

Name Parent/Guardian #1 _____

Address _____

Home Phone _____ cell phone _____

Work phone _____ email _____

Name Parent/guardin #2 _____

Address _____

Home Phone _____ cell phone _____

Work phone _____ email _____

Emergency contact #1

Name _____

Address _____

Home phone _____ cell phone _____

Relationship _____

CAR POOL AUTHORIZATION

I authorize WPI program staff to release my child to the emergency contact listed above and the following authorized persons:

I, the parent/legal guardian of the above named child, have read, understood and agree to the above.

Signature

printed name

date