

EMERGENCY RELEASE FORM

DATE COMPLETED _____

NAME OF CHILD _____ BIRTHDATE _____

NAMES OF BROTHERS/SISTERS ATTENDING THIS SCHOOL _____

NAME OF TEACHER _____ GRADE _____

HOME ADDRESS _____ PHONE _____

FATHER'S NAME _____ BUSINESS PHONE _____

MOTHER'S NAME _____ BUSINESS PHONE _____

LIVING WITH: BOTH _____ MOTHER _____ FATHER _____ OTHER _____

PLEASE LIST THE NAMES OF PEOPLE THAT ARE AUTHORIZED TO PICK UP AND TRANSPORT YOUR CHILD IN THE CASE OF A PERSONAL EMERGENCY OR COMMUNITY DISASTER. PLEASE LIST AS MANY AS POSSIBLE. MAKE SURE THESE PEOPLE ARE CONTACTED SO THEY UNDERSTAND THAT THEIR NAMES ARE ON THE LIST.

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____