
(Student's Last Name)

(Student's First Name)

(Grade)

Emergency Release Form

Please Print Clearly

Emergency Release/Out of State Contact: Please list a minimum of three (3) relatives, friends, neighbors (name and telephone number) whom you would authorize to pick up your child at school in the event of a disaster, if you were unable to be reached. Please list one out-of-state contact and telephone number, including area code.

	<u>Name</u>	<u>Telephone Number</u>
1.	_____	(____) _____
2.	_____	(____) _____
3.	_____	(____) _____
4.	_____	(____) _____

(Out of State Contact)

Emergency Medical: If my child becomes ill or has an accident and cannot be reached, I request that the following physician may be called to render first aid and/or emergency treatment. I will pay for the physician's fees. If necessary, I authorize emergency treatment by a licensed physician or hospital.

Family Physician: _____ Telephone Number: _____

Address: _____ City: _____

My child is allergic to: _____

My child is allergic to bee stings or insect bites: Yes _____ No: _____ Never been stung: _____

(Signature of Parent or Legal Guardian) (Date)

(Signature of Parent or Legal Guardian) (Date)

Office Use Only

The student was released to _____
(Print Name and then Sign)

on _____ (Date)

(Student Released Authorized Signature)