

STUDENT EMERGENCY INFORMATION SHEET

Release Form Completed By: _____

Relationship to Student: _____

Student 1	D.O.B.	Last Name	First Name
Student 2	D.O.B.	Last Name	First Name
Student 3	D.O.B.	Last Name	First Name

Address _____

I/we designate the following people to whom my child(ren) may be released in case of emergency:

Mother's Name	Home Phone	Work Phone	Cell Phone
Father's Name	Home Phone	Work Phone	Cell Phone
Guardian's Name (if different than above)	Home Phone	Work Phone	Cell Phone

If I/we are unable to pick up our child, I/we designate the following three people to whom my child may be released in case of emergency:

Name	Home Phone	Cell Phone
Name	Home Phone	Cell Phone
Name	Home Phone	Cell Phone

Medical Alert:

Condition: _____ Medication: _____ Student: _____

Condition: _____ Medication: _____ Student: _____

Condition: _____ Medication: _____ Student: _____

Parent / Guardian's Signature: _____

Date: _____