EMERGENCY CONTACT / CHILD RELEASE FORM

CHILD'S NAME		BIRTH DATE	
MOTHER'S NAME / LEGAL GUARDIAN		CELL PHONE #	
COMPLETE ADDRESS			
EMAIL ADDRESS		HOME PHONE #	
BUSINESS NAME		BUSINESS PHONE #	
ADDRESS			
FATHER'S NAME / LEGAL GUARDIAN		CELL PHONE #	
COMPLETE ADDRESS			
EMAIL ADDRESS		HOME PHONE #	
BUSINESS NAME		BUSINESS PHONE #	
ADDRESS			
WHAT IS THE REST PHONE NUM	ABER TO REACH A PARENT/GUARDIAN DURING THE DAY?		
	DEN TO RESIGN THE PROPERTY OF THE BATTY		
	SON(S) and PERSON(S) TO WHOM CHILD MAY BE RELEA	ASED (not including parents/legal guardians listed above)	
EMERGENCY CONTACT PERS *By listing an individual on the en Name		ASED (not including parents/legal guardians listed above) e released to the said individual) Phone # when child	
EMERGENCY CONTACT PERS *By listing an individual on the en Name 1	SON(S) and PERSON(S) TO WHOM CHILD MAY BE RELEA mergency contact list, the parent is also permitting the child to b Complete Address (REQUIRED)	ASED (not including parents/legal guardians listed above) e released to the said individual) Phone # when child	
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IT IS VERY IMPORTANT THAT THIS FORM IS FILLED OUT COMPLETELY. IF YOU NEED MORE SPACE, PLEASE USE THE REVERSE SIDE OF THIS FORM TO ELABORATE AS MUCH AS NECESSARY ON ANY OF THE ABOVE ITEMS. PLEASE READ OVER THIS ENTIRE FORM INCLUDING ALL BULLETS ON THE REVERSE SIDE OF THIS SHEET. AFTER READING, COMPLETING, AND UNDERSTANDING ALL INFORMATION ON THIS FORM, BOTH PARENTS'/GUARDIANS' SIGNATURES ARE REQUIRED UPON ENROLLING AND EVERY SIX MONTHS THEREAFTER.

- I UNDERSTAND ALL OF THE INFORMATION ON THIS FORM AND I KNOW IT IS MY RESPONSIBILITY TO INFORM THE STAFF OF ANY QUESTIONS OR MISUNDERSTANDINGS I MAY HAVE.
- THE INFORMATION ON THE FRONT SIDE OF THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM MY CHILD'S SCHOOL IN WRITING OF ANY CHANGES THAT NEED TO BE MADE ON THIS FORM.
- I GIVE PERMISSION FOR MY CHILD TO RECIEVE MINOR FIRST AID IN THE EVENT OF AN ACCIDENT WHILE AT SCHOOL.
- I GIVE PERMISSION FOR MY CHILD TO OBTAIN EMERGENCY MEDICAL CARE IN THE EVENT OF AN EMERGENCY AND TO BE TRANSPORTED BY STAFF OR AN EMERGENCY VEHICLE IN THE EVENT OF AN EMERGENCY AS DEFINED BY THE STAFF.
- I UNDERSTAND THAT IN AN EMERGENCY, PARENTS WILL BE CONTACTED FIRST. IF THEY ARE UNABLE TO BE REACHED, EMERGENCY CONTACT PERSON(S) WILL BE CONTACTED NEXT.
- I GIVE PERMISSION FOR MY CHILD'S TEACHERS TO CALL MY CHILD'S PHYSICAL/MEDICAL CARE PROVIDER AND/OR
 TRANSPORT MY CHILD TO THE DOCTOR'S OFFICE AND/OR HOPITAL IN THE EVENT OF AN EMERGENCY. I ALSO GIVE
 PERMISSION FOR MY CHILD TO RIDE IN AN AMBULANCE/EMERGENCY VEHICLE IN THE EVENT OF AN EMERGENCY.
- I UNDERSTAND THAT IN THE EVENT OF AN EMERGENCY, MY CHILD'S TEACHERS WILL PROVIDE CARE TO THE BEST OF THEIR ABILITIES. I AUTHORISE MY CHILD'S SCHOOL STAFF TO MAKE EMERGENCY DECISIONS IN MY PLACE IN THE EVENT OF AN EMERGENCY. THESE DECISIONS MAY INCLUDE, BUT ARE NOT LIMITED TO, ADMINISTRATION OF FIRST AID TREATMENT, DECISIONS TO TAKE OR HAVE MY CHILD TAKEN TO THE DOCTOR'S OFFICE AND/OR HOSPITAL, ADMINISTRATION OF CPR, ETC.

Sign and date every 6 months

BOTH PARENTS'/GUARDIANS' SIGNATURES ARE REQUIRED UPON ENROLLING.

MOTHER/LEGAL GUARDIAN 1 SIGNATURE	DATE	I	FATHER/LEGAL GUARDIAN 2 SIGNATURE	DATE
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