

Emergency Release Contact Form

The following students are covered under this emergency contact form:

1. Name \_\_\_\_\_ Grade \_\_\_\_\_ 2. Name \_\_\_\_\_ Grade \_\_\_\_\_

3. Name \_\_\_\_\_ Grade \_\_\_\_\_ 4. Name \_\_\_\_\_ Grade \_\_\_\_\_

The following adults have permission to check my child or children out from school. In case of emergency, please contact one of the following people - starting with the first contact listed below:

Emergency Contact Number 1

First Name \_\_\_\_\_ Phone #1 \_\_\_\_\_

Last Name \_\_\_\_\_ Phone #2 \_\_\_\_\_

Relationship to student \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact Number 2

First Name \_\_\_\_\_ Phone #1 \_\_\_\_\_

Last Name \_\_\_\_\_ Phone #2 \_\_\_\_\_

Relationship to student \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact Number 3

First Name \_\_\_\_\_ Phone #1 \_\_\_\_\_

Last Name \_\_\_\_\_ Phone #2 \_\_\_\_\_

Relationship to student \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact Number 4

First Name \_\_\_\_\_ Phone #1 \_\_\_\_\_

Last Name \_\_\_\_\_ Phone #2 \_\_\_\_\_

Relationship to student \_\_\_\_\_ Driver's License #: \_\_\_\_\_

I understand that this permission form remains in effect unless I remove permission by completing another emergency contact form or I send a signed and dated note changing this information. I agree to keep this information current. If I have special instructions I have checked here the box at the bottom of the page.

Authorized Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

MY CONTACT INFORMATION:

Name of Parent \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent \_\_\_\_\_ Phone \_\_\_\_\_

My email address (if any) \_\_\_\_\_

I have special instructions about the release of my child(ren) as follows: \_\_\_\_\_

\_\_\_\_\_