



EMERGENCY FORM

Do you have court orders relating to custody/visitation of the child? ____ yes ____ no

(if yes, please attach documentation)

Student Name _____

Grade _____ Birthdate _____

Home Address _____

City _____ Zip Code _____

Mother/Guardian _____ Work Number _____

Email _____ Cell Number _____

Father/Guardian _____ Work Number _____

Email _____ Cell Number _____

CONSENT FOR EMERGENCY RELEASE

In the event of an emergency, which may require my child to be placed in Extended Care, evacuated from school, etc., I authorize the following individuals to pick-up my child if I am not available:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Out of Area Contacts:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____