

EMERGENCY RELEASE LIST

Student's Name _____

Grade _____

Address _____

DOB _____

Parent/Guardian Emergency Contact Information and other person(s) authorized to be **called** in case of an emergency:

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all persons authorized to obtain **release** of students from school (in addition to above if applicable):

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical History: _____

Changes to medical history in the past year: _____

Medications: _____

Allergies: _____

Parent/Guardian Signature: _____ Date _____