



EMERGENCY AND DISMISSAL FORM

Family Name: _____ Today's Date: _____
Student Name: _____ Grade: _____ Date of Birth: _____
Student Name: _____ Grade: _____ Date of Birth: _____
Student Name: _____ Grade: _____ Date of Birth: _____
Student Name: _____ Grade: _____ Date of Birth: _____
Home Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Mother Name: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Father Name: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
In the event of an emergency, whom do we call FIRST? (circle one) Mom Dad Other _____

PICKUP ARRANGEMENTS

How will your child(ren) usually be dismissed after school? (Circle one)
BUS CAR WALKING AFTER SCHOOL CARE OTHER _____

Additional person(s) authorized to pick up your child:

Name: _____ Relationship: _____
Contact Info: _____
Name: _____ Relationship: _____
Contact Info: _____

HEALTH INFORMATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Please list any special health conditions or allergies your child(ren) may have:

Family Doctor/Clinic: _____ Phone: _____
Family Dentist: _____ Phone: _____

If emergency treatment is required and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the hospital emergency room. Likewise, your signature below authorizes the release of medical records pertinent to such an emergency room visit as the school district may require for its files. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Parent/Guardian Signature: _____ Date: _____