

EMERGENCY RELEASE FORM * 2018-19

We will use this form to dismiss your child in the event of an emergency dismissal.

Please write legibly.

Child's Name _____

Age Level _____

Home Phone _____

Parent's Name _____

Father Work and Cell Phone _____

Mother Work and Cell Phone _____

Out of State Person and Phone # _____

Pediatrician and Phone Number _____

Medical Information: (allergies, special needs, etc.) _____

Persons To Whom Your Child May Be Released In Case of an Emergency:

Name Phone

Name Phone

Name Phone
