

EMERGENCY CONTACT RELEASE FORM

PARENTS/GUARDIAN: to maintain correct and current information, we ask you to complete the following. Please print.

STUDENT NAME(s)		
Parent /Guardian Name(s)		
Email		
Street Address		
City, State, ZIP		
Home Phone Number		
Mother's Cell Number		
Father's Cell Number		
Mother's Work Phone		
Father's Work Phone		
Emergency Name #1	Emergency Phone #1	
Emergency Name #2	Emergency Phone #2	
*Please list a non-parent emergency contact Student may be picked up by the following individuals:		
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Student lives with (please check one):	<input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only
Legal custody of the student belongs to (please check one):	<input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only
Parent/Guardian Signature		Date