

EMERGENCY RELEASE FORM

Child's Name _____ Date of Birth _____
(Last) (First) (Middle Initial)

Address _____
(Town) (State) (Zip Code)

Mother's Name _____ Father's Name _____

Home # _____ Mother's Work # _____ Father's Work # _____

Pager # _____ Mother's Cell # _____ Father's Cell # _____

If unable to reach, call (1) _____ Phone # _____ Relationship _____

(2) _____ Phone # _____ Relationship _____

Child's Doctor _____ Child's Dentist _____

Any allergies, seizures, medication, or unusual disorders _____

Hospital Preferred _____

In case of medical emergency, my child's teacher(s) has/have our consent to apply first aid and secure an ambulance service in case a parent or legal guardian cannot be reached. I also give permission to the physician selected by the school to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

(Signature of Parent or Legal Guardian) Date _____

Medical Insurance Carrier and Number _____