

EMERGENCY CARD

(Please PRINT)

Student: _____ Birthday: ____/____/____

Address: _____ Home Phone: (____) _____

City/State/Zip: _____

Child's Social Security Number (needed for state documentation): _____ - _____ - _____

Parent/Guardian: _____

Daytime Phone : (____) _____ Cell Phone: (____) _____

Parent/Guardian: _____

Daytime Phone : (____) _____ Cell Phone: (____) _____

Emergency Contact: _____

Daytime Phone : (____) _____ Cell Phone: (____) _____

Emergency Contact: _____

Daytime Phone : (____) _____ Cell Phone: (____) _____

Applicable medical information: _____

Comments: _____

Student Release Form

(Please PRINT)

Please list all individuals permitted to pick-up your child from school

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____