

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
<p>*Please list a non-parent emergency contact Student may be picked up by the following individuals:</p>			
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