

SAINT PHILIP NERI SCHOOL
EMERGENCY RELEASE FORM 2020-2021

Please complete the following information for EACH CHILD in your family and return to Homeroom teacher.

1. NAME: _____ GRADE: _____ ROOM #: _____

2. ADDRESS: _____

3. DATE OF BIRTH: _____

4. HOME PHONE: _____

5. MOTHER'S CELL#: _____ WORK#: _____

FATHER'S CELL#: _____ WORK#: _____

6. EMERGENCY CONTACT PERSON IN THE EVENT A PARENT CANNOT BE REACHED:

NAME: _____ RELATIONSHIP TO CHILD: _____

CELL#: _____ PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

CELL#: _____ PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

CELL#: _____ PHONE: _____

7. List names of authorized persons, other than yourself, who have permission to take your child home in case of an emergency closing such as fire, lock-down, shelter-in-place. Does NOT include early dismissal for inclement weather, maintenance issues.

NAME: _____ RELATIONSHIP TO CHILD: _____

CELL#: _____ PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

CELL#: _____ PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

CELL#: _____ PHONE: _____

8. If applicable, name of non-authorized person: _____

9. Do you want your child to ride the school bus in the case of an emergency?

YES _____ NO _____

10. Does your child have any special medical needs: _____

11. Please note any medications: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

****** PLEASE REMEMBER TO UPDATE ANY CHANGES DURING THE SCHOOL YEAR TO THE
TEACHER AND THE SCHOOL'S FRONT OFFICE******