

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
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