

**Emergency, Medical and Student Release Forms**  
*Complete one for each child that is enrolled.*

**General Information**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ other

|   |   |
|---|---|
| <u>Father</u>   | <u>Mother</u>   |
| Name: _____   | Name: _____   |
| Home Address (if different from above):<br>_____<br>_____ | Home Address (if different from above):<br>_____<br>_____ |
| Home Phone: _____   | Home Phone: _____   |
| Work Phone: _____   | Work Phone: _____   |
| Cell Phone: _____   | Cell Phone: _____   |
| E-Mail: _____   | E-Mail: _____   |
| Occupation: _____   | Occupation: _____   |
| Company Name: _____<br>_____                              | Company Name: _____<br>_____                              |

**Emergency Contact**

Please list three local people, other than parents, as emergency contacts:

1.) Name/Relationship: \_\_\_\_\_

Phone contacts: Home/ \_\_\_\_\_ Work/ \_\_\_\_\_ Cell/ \_\_\_\_\_

2.) Name/Relationship: \_\_\_\_\_

Phone contacts: Home/ \_\_\_\_\_ Work/ \_\_\_\_\_ Cell/ \_\_\_\_\_

3.) Name/Relationship: \_\_\_\_\_

Phone contacts: Home/ \_\_\_\_\_ Work/ \_\_\_\_\_ Cell/ \_\_\_\_\_

**Medical Conditions**

Please describe any medical conditions that we need to be aware of. You may include this information as an attachment if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Transportation

How will your child get home each day?

\_\_\_\_\_ Car rider    \_\_\_\_\_ Walk    \_\_\_\_\_ Bike    \_\_\_\_\_ Carpool    \_\_\_\_\_ Aftercare

If your child is a car rider who will be picking them up most often? \_\_\_\_\_

If your child is in a car pool, who with? \_\_\_\_\_

\_\_\_\_\_

### Student Directory

It is my hope that we can produce a student directory for our school. In the event that we do, we would include the following:

- Parent Names
- Children's Names
- Children's Grade
- E-Mail
- Home Phone
- Home Address

If you do not want to be published in the school directory, please check this box:  
PLEASE DO NOT INCLUDE OUR FAMILY IN THE STUDENT DIRECTORY

### Parent Signature

All of the above information is complete and accurate. I will notify the school office of any changes in a timely manner:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Treatment

In the event that reasonable attempts to contact the legal guardians at the telephone numbers have been unsuccessful, I hereby give my consent for the administration to the student named above of treatment deemed necessary by the preferred physician and/or the preferred dentist named above. I further give my consent for the transfer of the child, via ambulance, to the preferred hospital named above should the need arise.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_