

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be

Child's Name: _____

made to contact the parent/guardian immed authorities to obtain emergency care for m		not be reached, I authorize school
Legal Parent/Guardian Signature	Date	
Other Emergency Contacts: When injury, illness or other non-emergency quickly reach families or other responsible act we cannot reach a parent/guardian, please list for your child.	lults. Our first contact is always a	parent or guardian but, in the event
3rd CONTACT (NOT parent/guardian) Last Name First Name	Relationship to Child	Cell Phone: () Home Phone: ()
4th CONTACT (NOT parent/guardian) Last Name First Name	Relationship to Child	Cell Phone: () Home Phone: ()
5th CONTACT (NOT parent/guardian) Last Name First Name	Relationship to Child	Cell Phone: () Home Phone: ()
STUDENT RELEASE AUTHORIZATION: In the authorize that my child(ren) may be released		o contact the parent/guardian, I
Legal Parent/Guardian Signature		Date