

STUDENT EMERGENCY FORM

Child's Name:		
Last	First	Middle
Address:		
IN CASE OF EMERGENCY, ILLNESS OR A REPRESENTATIVE IS AUTHORIZED TO C		AMED STUDENT, A SCHOOL
MOTHER/FEMALE GUARDIAN AT:		
Name:	Daytime Telepho	one:
Place of Employment:		
Occupation/Title/Department:		
FATHER/MALE GUARDIAN AT:		
Name:	Daytime Telephone:	
Place of Employment:		
Occupation/Title/Department:		
NAME OF A PERSON WHO CAN ASSUM NEITHER MOTHER NOR FATHER CAN BI		D IN THE EVENT THAT
Name:	Relationship:	
Address:	Telephone:	
I GIVE PERMISSION FOR MY CHILD TO B	E RELEASED FROM SCHOOL	TO THE FOLLOWING PEOPLE
Name:	Relationship:	
Address:	Telephone:	
Name:	Relationship:	
Address:	Telephone:	
Name:	Relationship:	
Address:	Telephone:	
Name:	Relationship:	
Address:	Telephone:	
IF ANY OF THE ABOVE INFORMATION C	HANGES, PLEASE CONTACT	YOUR CHILD'S SCHOOL IMM
Signature:	ι	Date:



PERMISSION SLIPS

CHILD'S NAME	DATE	
FIEL	LD TRIPS AND WALKS	
I GIVE MY CHILD, TRIPS AND WALKS WITH HIS/H	, PERMISSION TO GO ON FIELD HER CLASS.	
	Parent or Guardian Signature	
<u>PIC</u>	TURES AND VIDEOS	
I GIVE MY CHILD PICTURE TAKEN FOR A LOCAL FOR SCHOOL PRESENTATIONS	, PERMISSION TO HAVE HIS /HER L NEWSPAPER AND VIDEO PICTURES TAKEN S.	
	Parent or Guardian Signature	
<u>E</u>	MERGENCY CARE	
I GIVE PERMISSION FOR MY CI TRANSPORTED TO A HOSPITAI AN EMERGENCY.	HILD, TO BE L IN AN AMBULANCE IN THE EVENT OF	
	Parent or Guardian Signature	