



Emergency Contacts

In the event of an emergency or disaster, your child(ren) will remain at their assigned classroom or area until you or the person designated by your signature comes to the school and personally signs your child(ren) out. We are asking that you sign this release form **giving alternate individuals** permission to take your child(ren) home. If for some reason, you will not be home it should be understood that your child(ren) will be kept at the home of the assigned individual until you pick them up. It is very important for the safety of your child(ren) that they are aware of this arrangement and that your alternate agrees to assume the responsibility.

Student Information

Date:

Name _____ Grade _____
Last, First, Middle Initial

Emergency Contact #1 (other than parent)

Name _____
Last, First, Middle Initial

Cell Phone () - _____ Other Phone () - _____ Gender M F

Relationship to Student _____

Emergency Contact #2 (other than parent)

Name _____
Last, First, Middle Initial

Cell Phone () - _____ Other Phone () - _____ Gender M F

Relationship to Student _____

Emergency Contact #3 (other than parent)

Name _____
Last, First, Middle Initial

Cell Phone () - _____ Other Phone () - _____ Gender M F

Relationship to Student _____

I designate these three people as alternates to whom my children may be released in case of an emergency.

Signature of Parent/Guardian