

EMERGENCY FORM 2018/19
PLEASE PRINT

CHILD'S NAME: _____ PHONE: _____

Chronic conditions or illness, (e.g. epilepsy, allergies, etc.) _____

Is child on regular/daily medication? _____ List: _____

PARENTS: _____

ADDRESS: _____ CITY: _____

FATHER'S WORK # () _____ MOTHER'S WORK # () _____

CONSENT FOR CHILD TO BE PICKED UP

I hereby give consent for these persons to take my child home if I am unable to do so. I have notified each of them regarding this permission and informed them regarding emergency procedures.

*** _____ Date: _____

Signature of Parent or Guardian

LIST TWO PERSONS 1. _____ Phone # () _____

2. _____ Phone # () _____

(Please be sure to complete both sides of form)

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EMERGENCY PROCEDURES

In the event of a major earthquake or disaster, your child will be held on the school grounds and only be released to you or those adults listed below. All gates will be locked. You must walk in and sign form before your child can be released.

CONSENT FOR EMERGENCY TREATMENT:

I hereby give my permission to have this child treated with minor first aid and/or by paramedics as the need arises:

_____ Date: _____

Signature of Parent or Guardian

CHILD'S DOCTOR _____

Phone # () _____

DO NOT WRITE BELOW THIS LINE

_____ was released to _____

Child's Name

Authorized Person

Time: _____ Date: _____

Official: _____

Signature