

# ST. GEORGE'S KINDERGARTEN & MOTHER'S DAY OUT 2017-18 EMERGENCY RELEASE FORM

(Please print clearly. We will use this form to dismiss your child in the event of an emergency.)

CHILD'S NAME: \_\_\_\_\_

AGE LEVEL FOR 2017-18 SCHOOL YEAR: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

FATHER'S WORK PHONE: \_\_\_\_\_ FATHER'S CELL PHONE: \_\_\_\_\_

MOTHER'S WORK PHONE: \_\_\_\_\_ MOTHER'S CELL PHONE: \_\_\_\_\_

OUT OF STATE CONTACT: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PEDIATRICIAN: \_\_\_\_\_ PEDIATRICIAN PHONE: \_\_\_\_\_

MEDICAL INFORMATION: (Allergies, special needs, etc.) \_\_\_\_\_

## PERSONS TO WHOM YOUR CHILD MAY BE RELEASED IN CASE OF AN EMERGENCY:

\_\_\_\_\_ name cell phone

\_\_\_\_\_ name cell phone

\_\_\_\_\_ name cell phone

\_\_\_\_\_ name cell phone

\_\_\_\_\_ name cell phone

\_\_\_\_\_ name cell phone

\_\_\_\_\_ name cell phone