

2020-2021 EMERGENCY RELEASE FORM – HOLBROOK SCHOOL

PARENTS: Please enter all the requested information and return the completed form to school. This information is necessary in case we need to reach you due to an emergency and for input into the School Messenger Alert System for school-wide parent notifications.

In the event of a serious accident, the school will of course attempt to reach the parent and will in no instance move the child. If the parent cannot be contacted within fifteen minutes the local medical emergency unit will be contacted.

MRS. ASHLEY ALLEN
PRINCIPAL

Student Name _____ DOB _____

Primary Household Information: (Student's Primary Residence)

Physical Address _____

Mailing Address (if different) _____

1. Parent/Guardian's Name _____ Email Address _____
First Last

Relationship to Student _____

Land Line _____ Cell Phone _____ Other Phone _____

Employer _____ Work Phone _____

2. Parent/Guardian's Name _____ Email Address _____
First Last

Relationship to Student _____

Land Line _____ Cell Phone _____ Other Phone _____

Employer _____ Work Phone _____

Secondary Household Information: (Student's Secondary Residence)

Physical Address _____

Mailing Address (if different) _____

1. Parent/Guardian's Name _____ Email Address _____
First Last

Relationship to Student _____

Land Line _____ Cell Phone _____ Other Phone _____

Employer _____ Work Phone _____

2. Parent/Guardian's Name _____ Email Address _____
First Last

Relationship to Student _____

Land Line _____ Cell Phone _____ Other Phone _____

Employer _____ Work Phone _____

Emergency Contacts Not Living In Household

1. _____
Name Relationship Phone Number

2. _____
Name Relationship Phone Number

3. _____
Name Relationship Phone Number

Medical Information:

Allergies: _____

Conditions: _____

Medications: _____

Pediatrician/Physician's name, phone and address: _____

Emergency Medical Authorization:

If the parents or legal guardian on this emergency record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgement of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the preferred hospital listed below **or** to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

PREFERRED HOSPITAL _____

PARENT'S SIGNATURE _____

TELEPHONE NUMBER _____ (LAND LINE) _____ (WORK)
_____ (CELL) _____ (CELL)