

ST. DUNSTAN CATHOLIC SCHOOL

Emergency Release Form

School Year 2018-2019

Student's Name:	Date of Birth:	Grade:
Complete Home Address:		Home Phone Number

Child Resides with: Both Parents Mother Father Guardian Foster Parent

Father's Name:	Home Phone:
Home Address: (if not the same as child's)	Work Number:
E-Mail Address:	Cell Phone Number:
Mother's Name:	Home Phone:
Home Address: (if not the same as child's)	Work Number:
E-Mail Address:	Cell Phone Number:
Siblings at School:	

AUTHORIZED PEOPLE TO WHOM MY CHILD/CHILDREN CAN BE RELEASED

(Other responsible person may be designated by School Personnel)

Name:	Emergency Phone Numbers:
Name:	Emergency Phone Numbers:
Name:	Emergency Phone Numbers:

MEDICAL INFORMATION

Primary Physician's Name:	Phone Number:
Hospital:	Allergies:
Medications used on regular basis:	

Parent Signature

Date