



**EMERGENCY CONTACTS:** Listed below is the person(s) to be contacted in case of emergency; and to whom the child may be released to other than parents:

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

CELL# \_\_\_\_\_ PAGER# \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

CELL# \_\_\_\_\_ PAGER# \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

CELL# \_\_\_\_\_ PAGER# \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

CELL# \_\_\_\_\_ PAGER# \_\_\_\_\_

**My signature acknowledges consent for my child to be released to the above individual(s) in my absence.**

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**Parent's Signature**

**Date**