

Harrison Middle School
710 S. 5th Street
Harrison, MI 48625
989-539-7194



Home of the Hornets

Dear Parents:

We are updating our records for the current school year. It is imperative that we be able to contact you in case of illness or an emergency. Please fill out the following information sheet and return it with your child by Friday, September 9, 2005. Thank you for your cooperation.

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Child's Name: _____

Birthdate: _____ Grade: _____

Parents/Guardians: _____ / _____
Father, Last name/First name Mother, Last name /First name

Street Address: _____ P.O. Box _____

Home Phone: _____ Work Phone: _____ Cell: _____
Father Father Father

Home Phone: _____ Work Phone: _____ Cell: _____
Mother Mother Mother

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

WE CAN NOT RELEASE YOUR CHILD TO ANYONE BUT THEIR PARENTS/GUARDIAN WITHOUT WRITTEN PERMISSION. PLEASE FILL OUT THE INFORMATION BELOW.

I _____ give my permission for:

to pick up my child: _____ in case of illness or an emergency.

Date: _____ Parent/Guardian Signature: _____