

Homeroom _____

**Harrison Community Schools
EMERGENCY RELEASE FORM**

Dear Parents:

We are updating our records. 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 as soon as possible.

Child's Name _____ Birthdate ____/____/____ Grade _____
Last First

Parents/Guardian _____
Last Father Mother

Street Address _____ P.O. Box _____

Home Phone _____ Mother's work # _____ Father's work # _____

Mother's Cell _____ Father's Cell _____ email _____

EMERGENCY: Name _____ Phone _____

Name _____ Phone _____

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

I _____ give my permission for _____

or _____/_____/_____

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

WE WILL MAKE EVERY EFFORT TO NOTIFY PARENTS AND/OR GUARDIANS FIRST BEFORE CALLING EMERGENCY NUMBERS. ANYONE THAT COMES TO THE SCHOOL TO PICK UP STUDENTS WILL BE REQUIRED TO SHOW IDENTIFICATION (including parents & guardians).

Date

Parent/Guardian Signature