

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 on Monday in their Friday Folder. Thank you for your cooperation.

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

Parents/Guardian _____
Last Father Mother

Street Address _____ P.O. Box _____

Home Phone _____ Work Phone _____ Work Phone _____
Mother Father

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 case illness or an emergency.

Date

Parents/Guardian Signature