

Emergency Contact and Release from School Information

It is your responsibility to ask for another copy of this form and deliver it to the School Office whenever you wish to update this information. The Emergency Form is our direct line of communication to you when you are needed in an emergency. We thank you for remembering this and appreciate your help as we endeavor to serve you.

Emergency Contact Information: An accident or extreme illness of a student makes it necessary for school personnel to contact the parent to get permission for emergency referral. The legal responsibility for medical and transportation expense incurred on behalf of your child is a parental one. By signing this form, you authorize first aid treatment using basic first aid supplies to be provided to your child as needed. In the event that a parent or Emergency Contact cannot be reached, you give permission for the School to arrange for necessary medical care. You understand and agree that you will be financially responsible for all aspects of such emergency medical care and you indemnify and hold the School harmless for all damages, claims, and amounts paid or due in connection with such emergency medical care.

STUDENT INFORMATION

Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Doctor: _____ Phone: _____
Hospital: _____ Phone: _____
Student health data which should be known in an emergency: _____

PARENT/GUARDIAN 1 INFORMATION

Name: _____ Hm. Ph: _____ Bus. Ph.: _____
Cell Ph: _____ Home Address: _____
Employer: _____ Bus. Address: _____
E-mail Address: _____

PARENT/GUARDIAN 2 INFORMATION

Name: _____ Hm. Ph: _____ Bus. Ph.: _____
Cell Ph: _____ Home Address: _____
Employer: _____ Bus. Address: _____
E-mail Address: _____

EMERGENCY CONTACT #1

Name: _____ Relation: _____ Phone: _____
Address: _____

EMERGENCY CONTACT #2

Name: _____ Relation: _____ Phone: _____
Address: _____

Release of Student Information: List below those persons authorized to take your child from School during the school day. If any person previously listed on this form is NO LONGER AUTHORIZED to take the student, please call the Director and submit a new form.

PERSONS AUTHORIZED TO PICK UP STUDENT

Your child will not be released to any person not listed above. A Driver's License must be presented for authorization. It is the responsibility of the parent to inform the School of any changes in the information listed on this form.

Parent Signature: _____ Date: _____



For more information, visit www.bumpkids.org