

EMERGENCY & DISASTER STUDENT RELEASE INFORMATION

Child's Name: _____ Age: _____ Birthdate: _____

Address: _____ Home Phone: _____

Parent/Guardian: _____ Cell: _____ Work Phone: _____ Ext. _____
Email: _____

Parent/Guardian: _____ Cell: _____ Work Phone: _____ Ext. _____
Email: _____

Doctor: _____ Phone: _____

Medical conditions (including allergies): _____

Please list at least **TWO** additional people who reside nearby as emergency contacts, or persons authorized to take your child from the ESS center. You must supply at least two emergency contacts before enrolling in the ESS Program. We will contact the people below in the event your child needs to be picked up at ESS and we cannot reach the parent/guardian. We will expect the emergency contact to be available. Your child will **NOT** be allowed to leave with any person without written authorization in note form from parent or guardian. All persons listed must be at least 18 years of age.

Name: _____ H _____ W _____ C _____

Name: _____ H _____ W _____ C _____

Name: _____ H _____ W _____ C _____

Name: _____ H _____ W _____ C _____

Name: _____ H _____ W _____ C _____

Name: _____ H _____ W _____ C _____

Name: _____ H _____ W _____ C _____

SIGNATURE OF PARENT OR GUARDIAN: _____	DATE: _____
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ESS Center personnel are authorized to use their discretion to secure the necessary emergency services for my child at my expense. This includes **emergency medical treatment, paramedic services, and ambulance service.**

PERMISSION TO RELEASE CHILD TO A SIBLING/MINOR

I give permission for my child _____ to be released from the Extended

Student Services Program to his or her older brother or sister _____ Age _____

I understand that the Extended Student Services Program's liability for my child ends when they are signed out from the center.

PARENT SIGNATURE

DATE