



NAZARETH EMERGENCY RELEASE FORM

FAMILY NAME: _____ HOME PH #: () _____

ADDRESS: _____
STREET CITY ZIP CODE

CHILDREN'S NAME: GRADE NAME: GRADE

1. _____ 2. _____

3. _____ 4. _____

FATHER'S INFORMATION:

MOTHER'S INFORMATION:

NAME: _____ NAME: _____

BUSINESS NAME: _____ BUSINESS NAME: _____

WORK PH #: () _____ WORK PH #: () _____

CELL #: () _____ CELL #: () _____

LIST FOUR ADULTS YOU AUTHORIZE TO PICK UP YOUR CHILD IN AN EMERGENCY/DISASTER:

NAME: _____ PH #: () _____ RELATION: _____

NAME: _____ PH #: () _____ RELATION: _____

NAME: _____ PH #: () _____ RELATION: _____

NAME: _____ PH #: () _____ RELATION: _____

PARENT SIGNATURE: _____ DATE: _____

EMERGENCY INFORMATION (allergies and precautions)

Name of family physician: _____ Ph #: () _____