

# BELLMORE-MERRICK CENTRAL HIGH SCHOOL DISTRICT

## EMERGENCY CONTACT/RELEASE FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

The transportation of a sick child from school to home or to a medical facility is basically the parents' responsibility. Please list below names and telephone numbers of local persons to call in an emergency if the parent or guardian cannot be reached. This should be a person that can assist with information and supervision if you are not available.

**I authorize the following adult(s) to pick my child up from school:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Cell No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Cell No: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Cell No: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Physician to be called: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Additional Medical Information:**

Allergies: \_\_\_\_\_ Contact Lens: Y N

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If any of this emergency information changes, please notify your school nurse immediately.