



# Family Emergency Release Form

List all Students Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Employer & Phone \_\_\_\_\_

May we call a physician to attend the above student in case of emergency if a parent or guardian cannot be immediately contacted? \_\_\_\_\_

Name & phone of physician preferred \_\_\_\_\_

THE SCHOOL DOES NOT PAY PHYSICIAN FEES OR MEDICAL EXPENSES OF STUDENTS WHO ARE INJURED AT SCHOOL OR AT SCHOOL SPONSORED ACTIVITIES.

Students may not be released from a school-sponsored activity without permission of a parent or other authorized adult. If an emergency requires that this student be dismissed and a parent cannot be reached, the school may call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENTS MUST INFORM THE SCHOOL OF ANY MEDICATION A STUDENT TAKES CONTINUOUSLY (C.E.C. 12020)

No medication may be given to a student by other than that student's parent or legal guardian unless (A) the medication is properly labeled and in its original container, and (B) a note signed by the student's physician accompanies the medication with specific instructions as to how and when the medication is to be administered to the student.

AGREE \_\_\_ DISAGREE \_\_\_ Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sign & date only one of the following:**

In case of an emergency when authorized people cannot be reached, the school may take whatever action is reasonable and appropriate under the circumstances for the welfare of the student.

In case of an emergency when authorized people cannot be reached, the school personnel are neither to render nor arrange for medical treatment other than first aid.

\_\_\_\_\_ OR \_\_\_\_\_