

EMERGENCY RELEASE FORM

Genesee Hill Elementary



Student _____ Room _____

Address _____ Phone _____

Parent _____ Parent _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Phone number(s) _____

RELATIVES / NEIGHBORS / ADULT FRIENDS TO WHOM STUDENT CAN BE RELEASED IN AN EMERGENCY

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

5. _____ Phone _____

6. _____ Phone _____

7. _____ Phone _____

MEDICAL RELEASE

I, _____ parent/guardian of _____

Authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original.

Signature of parent / guardian

Date