

Teacher _____ Rm # _____

EMERGENCY RELEASE CARD – SUSITNA ELEMENTARY SCHOOL

Student Last Name _____ First Name _____ Grade _____

Date of Birth _____ Bus am _____ Bus pm _____

Address _____ City _____ State _____ Zip Code _____

Mom's Name _____ Hm# _____ Wk# _____ Cell# _____

Dad's Name _____ Hm# _____ Wk# _____ Cell# _____

I designate the following people to whom my child may be released in case of an emergency:

Name _____ Hm# _____ Wk# _____ Cell# _____

Name _____ Hm# _____ Wk# _____ Cell# _____

Name _____ Hm# _____ Wk# _____ Cell# _____

Out of State contact _____ Phone _____

City _____ State _____ Relationship to Student _____

I authorize the release of my child to any adult he/she feels comfortable. Please Circle Yes No

Medical alert/condition _____ Medication _____

(72 hour supply should be at school)

Parent Signature _____ Date _____

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