

EMERGENCY STUDENT RELEASE FORM – 2010/11
TEMPLE BAT YAHM RELIGIOUS SCHOOL

(This form MUST be completed for each student
and returned to the school **EACH** year.)

(1) _____
Student's Last Name (First Name) (Middle Name) (Grade) (Birthdate)

(2) _____
Student's Last Name (First Name) (Middle Name) (Grade) (Birthdate)

(3) _____
Student's Last Name (First Name) (Middle Name) (Grade) (Birthdate)

(4) _____
Student's Last Name (First Name) (Middle Name) (Grade) (Birthdate)

(Home Address) (City) (Zip) (Phone)

(Father / Guardian) (Address) (Work Phone No.)

(Mother / Guardian) (Address) (Work Phone No.)

(Allergies) (Special Dietary Needs)

(Medications Taken Regularly)

I authorize the school to select a doctor in an emergency ()Yes ()No

(Parent / Guardian Signature Required - please sign after printing out completed form)

In the event of a natural disaster or major emergency, students will remain at school until a parent or other authorized adult arrives. Please list those persons to whom your child may be released under these circumstances. Your child will be signed out by a staff member and will only be released to someone on this list. It is the responsibility of the parent/guardian to notify those listed that they are authorized to pick up their child in an emergency.

STUDENT DISMISSAL INFORMATION

Name	Address	Phone No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Out of State/Area Contacts:

Name: _____ Phone No. () _____
Name: _____ Phone No. () _____