

EMERGENCY RELEASE/PERMISSION FORM

Student's Name: _____

Address: _____

Phone: _____

Parent/Guardian Name: _____

Address (if different): _____

Phone: _____

Emergency Phone: _____

I give my permission for my child to attend _____ on
_____ (date) and for any qualified medical personnel to attend to my child
in the case of an emergency. I expect to be notified immediately of any such event.

Signature: _____ Date: _____

Insurance Co. _____ Group #: _____ ID #: _____

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