

**SAINT PHILIP NERI RELIGIOUS EDUCATION PROGRAM**

**EMERGENCY RELEASE FORM**

**2015-2016**

Please complete the following information for **each child** in your family.

**PLEASE PRINT CLEARLY**

1. Name: \_\_\_\_\_ Grade \_\_\_\_\_ Room# \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Phone numbers: Home: \_\_\_\_\_

Mother's Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Cell: \_\_\_\_\_

5. Emergency contact persons: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

6. List of authorized persons, other than yourself, who have permission to take your child home in case of an emergency closing.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

7. If applicable, name of non-authorized person: \_\_\_\_\_

8. Does your child have any special medical needs: \_\_\_\_\_

\_\_\_\_\_

Please note any medications or special needs: \_\_\_\_\_

**\*\*\*\*\*PLEASE – ALWAYS REMEMBER TO UPDATE ANY INFORMATION WHICH MAY CHANGE DURING THE SCHOOL YEAR.\*\*\*\*\***

Print Parent/Guardian Signature: \_\_\_\_\_ (Please print)

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_