
Parent's Last Name

Student's Last Name

Home Address

City

Home Phone

Alpine School District
EMERGENCY & RELEASE INFORMATION

Occasionally a student may become ill or have an accident while at school. This may necessitate contacting the guardian or seeking medical attention for the student. The information you provide below will allow us to care for your child in case of an emergency. **Registration is not complete without this signed form.**

List your students attending this school, oldest first.

Student Information

<i>Last Name</i>	<i>First Name</i>	<i>M/F</i>	<i>Grade</i>	<i>Teacher</i>	<i>Birth Date</i>	<i>List any Health Problems</i>

Parent Information

<i>Name</i>	<i>Employer</i>	<i>Work Phone</i>	<i>Cell Phone</i>	<i>E-mail Address</i>
Father:				
Mother:				
Guardian:				

Alpine School District requires a **legal guardian or a person authorized by the guardian** to sign for your student to be released from school during the day. Please include those individuals you would authorize to take your child when you can not be contacted. If someone who is not listed below comes to check out your student we will not be able to release them.

The individuals listed below are authorized to check out my student from school:

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is felt appropriate.

Physician's Name: _____ Phone: _____

Is there information on file preventing certain individuals from checking this student out? Yes ___ No ___

I have read and understand the information included on this form. Furthermore, I accept financial responsibility for all accident/illness-related costs and I agree to the emergency procedures outlines above.

Signature of parent or legal guardian

Relationship to the student

I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the student(s) above. Falsifying any of the above information could result in legal action.

Please notify the school office of any changes in this information.