

ST. PAUL'S PRESCHOOL EMERGENCY RELEASE FORM

Name _____ D.O.B. _____

Address _____ City _____ Zip _____

Emergency Phone Mother () _____ or () _____

Emergency Phone Father () _____ or () _____

In the event of a natural disaster or major emergency, perceived or actual (an "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. A St. Paul's Staff member will sign your child out ONLY to those you have indicated below. It is the responsibility of the parent/guardian to notify those listed that they are authorized to pick up their child in an Emergency. St. Paul's has no responsibility after your child has been released as permitted herein.

Emergency Contact(s): Please list ALL possible persons that your child can be released to.

PLEASE PRINT LEGIBALLY

Name _____ Relationship MOTHER Phone () _____

Name _____ Relationship FATHER Phone () _____

Name _____ Relationship _____ Phone () _____

I authorize any of the above listed persons permission to pick up my child from St. Paul's Preschool in an Emergency.

Authorized Signature

Date

Out of State Contact:

Name _____ Relationship _____ Phone () _____

Name of Insurance _____ Policy # _____

Medical Information (list health conditions/ medications, allergies etc.)

For Office Use Only:		Student Dismissal Information	
_____ was released to the care of _____		_____	
Child's Name _____	Date: _____	Time: _____	Signature _____
Destination: _____		Emergency Pick Up _____	