

## Emergency Card and Release Form

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home phone number (\_\_\_\_) \_\_\_\_\_ Cell phone number (\_\_\_\_) \_\_\_\_\_

Work number and extension(\_\_\_\_) \_\_\_\_\_ X \_\_\_\_\_

**Additional contact:**

Parent/Guardian Name \_\_\_\_\_

Parent home phone number (\_\_\_\_) \_\_\_\_\_ Cell phone number (\_\_\_\_) \_\_\_\_\_

Work number and extension (\_\_\_\_) \_\_\_\_\_ X \_\_\_\_\_

Name and phone number of close relative, or friend to contact in case parent cannot be reached:

\_\_\_\_\_ Relationship \_\_\_\_\_

Home phone number (\_\_\_\_) \_\_\_\_\_ Cell phone number (\_\_\_\_) \_\_\_\_\_

Medial Insurance Provider \_\_\_\_\_

Policy/I.D. # \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Known medical conditions/allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If any of the above information changes prior to departure, please contact Mr. Carter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian