

**EMERGENCY RELEASE INFORMATION CARD**

CHILD'S NAME \_\_\_\_\_  
TEACHER \_\_\_\_\_ ROOM # \_\_\_\_\_  
PARENT / GUARDIAN \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

MOTHER / GUARDIAN FATHER / GUARDIAN  
( ) ( )  
DAYTIME PHONE # DAYTIME PHONE #

DAYTIME ADDRESS DAYTIME ADDRESS  
List any medical and/or special problem that might need  
attention:

In case of a disaster, your child will only be released to you  
or any of the following people:

NAME ( ) PHONE NUMBER  
NAME ( ) PHONE NUMBER  
NAME ( ) PHONE NUMBER  
NAME ( ) PHONE NUMBER

Signature of Parent or Guardian:

**EMERGENCY RELEASE INFORMATION CARD**

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TEACHER \_\_\_\_\_ ROOM # \_\_\_\_\_  
PARENT / GUARDIAN \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

MOTHER / GUARDIAN FATHER / GUARDIAN  
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NAME ( ) PHONE NUMBER  
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NAME ( ) PHONE NUMBER

Signature of Parent or Guardian:

**FOR OFFICE USE ONLY**

**First Aid / Medical Treatment Rendered:**

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**Released to:** \_\_\_\_\_  
**Date / Time:** \_\_\_\_\_  
**Destination:** \_\_\_\_\_  
**Released by:** \_\_\_\_\_

**Signature of Teacher-In-Charge**

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**Signature of person child has been released to:**

**FOR OFFICE USE ONLY**

**First Aid / Medical Treatment Rendered:**

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**Released to:** \_\_\_\_\_  
**Date / Time:** \_\_\_\_\_  
**Destination:** \_\_\_\_\_  
**Released by:** \_\_\_\_\_

**Signature of Teacher-In-Charge**

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**Signature of person child has been released to:**