STUDENT RELEASE AUTHORIZATION / EMERGENCY CONTACT (Other than Parent)

Primary Contact

Relationship to Child(ren)

Phone: home/cell

Secondary Contact

Relationship to Child(ren)

Phone: home/cell

Please provide any additional information you would like to add about your family, any health concerns or allergies we should know about:

\*Legal Parent(s) / Guardian Signature & Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_