EMERGENCY AND STUDENT RELEASE FORM

* Student's Name:_________________________________ Birthdate:______________________

* Parents' Names:____

* Home Address:____

* City, Zip:_____________________________ Home Phone:_______________________________

* Person with Legal Custody of Student:____

STUDENT RELEASE INFORMATION

I understand that by listing the following names and phone numbers, I hereby give permission to THE PREP SCHOOL to release my child to the people whose names appear on the list. I understand that my child will not be released to anyone not listed on this form for any reason. I understand that whoever brings or picks up my child must make sure that the appropriate staff member is aware of their arrival and departure.

* Mother or Guardian:____

Employer:____________________________ Work Phone:____________________________

Cell phone:____________________________ Email address:__________________________

* Father or Guardian:____

Employer:____________________________ Work Phone:____________________________

Cell phone:___________________________ Email address:___________________________

In case of emergency or accident, we will contact Mother or Father first. List others who we could contact in case Mother or Father are unreachable:

Name:________________________ Relationship:___________________ Phone:_____________

Name:_______________________ Relationship:___________________ Phone:____________

(more on other side)

The people whose names appear on the following list have my permission to pick up my child. Identification will be required from these individuals:

Name:_______________________________________ Relationship:_____________________

Name:_______________________________________ Relationship:_____________________

Name:_______________________________________ Relationship:_____________________

Name:_______________________________________ Relationship:_____________________

Name:_______________________________________ Relationship:_____________________

Name:_______________________________________ Relationship:_____________________

MEDICAL EMERGENCY INFORMATION

Permission is hereby granted to The Prep School and the school's staff to obtain medical treatment for the student in case of injury or an accident, otherwise by a doctor, hospital, or clinic chosen by the school and at the expense of the undersigned.

If an emergency is critical, your child will be sent to a hospital.

* Preferred Hospital:____

* Physician's Name:____

* Dentist's Name:____

I have read and understand the information required on this form. I understand that it is my responsibility to keep the information on this form current.

____ ______________________________

Parent's Signature Date