

**SAINT PHILIP NERI SCHOOL  
EMERGENCY RELEASE FORM 2018 - 2019**

Please complete the following information for **EACH CHILD** in your family.  
**PLEASE PRINT CLEARLY**

1. Name: \_\_\_\_\_ Grade: \_\_\_\_ Room # \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Phone numbers: Home: \_\_\_\_\_

5. Mother's Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Cell: \_\_\_\_\_

6. Emergency contact persons in the event the parent cannot be reached:

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

7. List names of authorized persons, other than yourself, who have permission to take your child home in the case of an emergency closing such as fire, lock-down, shelter-in-place. Does not include early dismissal for inclement weather, maintenance issues.

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone: \_\_\_\_\_

8. If applicable, name of non-authorized person: \_\_\_\_\_

9. Do you want your child to ride the school bus in the case of an emergency?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Does your child have any special medical needs: \_\_\_\_\_

\_\_\_\_\_

11. Please note any medications or special needs: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

*(Please Print)*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* **PLEASE** – ALWAYS REMEMBER TO UPDATE ANY INFORMATION WHICH MAY CHANGE  
DURING THE SCHOOL YEAR.\*\*\*\*\*