

## **AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD**

THIS BLOCK FOR SCHOOL USE ONLY SCHOOL NAME DISTRICT STUDENT NUMBER ENTRY CODE SCHOOL YEAR 24 - 25RIVERVIEW HIGH SCHOOL TEACHER OR HOMEROOM GRADE STATE STUDENT NUMBER ENTRY DATE EMERGENCY INFORMATION INSTRUCTIONS: This card must be completed by the parent or legal guardian. CHILD OF MILITARY FAMILY? YES NO NAME OF STUDENT - (LAST) DATE OF BIRTH (FIRST) (MIDDLE) DD MALE Military Family Includes: members on active duty or
 members for 1 year following: FEMALE MAILING ADDRESS - (STREET NUMBER & NAME, CITY, ZIP CODE) medical discharge due to injury \* retirement
\* death due to active duty injury RESIDENCE ADDRESS - (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE.) HOME PHONE PARENT / LEGAL GUARDIAN (LAST, FIRST, INITIAL) PARENT / LEGAL GUARDIAN (LAST, FIRST, INITIAL) EMPLOYER NAME EMPLOYER NAME BUSINESS PHONE / EXTENSION PAGER OR CELL NUMBER BUSINESS PHONE / EXTENSION PAGER OR CELL NUMBER EMAIL. EMAIL RELATIONSHIP P - PARENT O - OTHER RELATIONSHIP P - PARENT O - OTHER TO STUDENT: G - LEGAL GUARDIAN S - SURROGATE TO STUDENT: G - LEGAL GUARDIAN S - SURROGATE (CIRCLE ONE) A - GUARDIAN AD LITEM N - NO PARENT/GUARDIAN REQUIRED (CIRCLE ONE) A - GUARDIAN AD LITEM N - NO PARENT/GUARDIAN REQUIRED PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED\* DAYTIME PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED\* DAYTIME NAME (STUDENT MAY BE RELEASED TO THIS PERSON) PHONE NAME (STUDENT MAY BE RELEASED TO THIS PERSON) PHONE HOSPITAL PHYSICIAN'S NAME DENTIST'S NAME PREFERENCE & PHONE NUMBER & PHONE NUMBER CURRENT HEALTH PROBLEMS: EXPLANATION OF HEALTH PROBLEMS AND MEDICATIONS STUDENT IS TAKING DIABETES SEIZURES **ASTHMA** HEART CONDITION ALLERGIES OTHER In the case of accident, serious illness, or emergency, the school may contact Emergency Management Services (EMS), 911. If EMS must transport your child, payment of fees will be assumed by the parent/legal guardian. The school will make every effort to contact the parent/legal guardian. If the school is unable to contact the parent/guardian, every effort will be made to notify other persons listed on the emergency card. I have reviewed and understand the conditions of this document and lunderstand that if I desire to have my child released to persons other than those listed above. I must be orthose persons in writing, with addresses and telephone numbers, to the principal of the school Signature of Parent/Legal Guardian Date

Date	Reason	Time In	Time Out	Disposition	Health Aide

Distribution: On-Site 3371

SB 10600 (Rev. 09/2017)