



EMERGENCY RELEASE FORM

Student ID #: _____

Name of Student: _____ Birthdate: _____
Last First

Home Address: _____ Zip: _____ Phone: _____

Father's Contact Information: Name: _____
Phone: Home: _____ Work: _____ Cell: _____
Email: _____

Mother's Contact Information: Name: _____
Phone: Home: _____ Work: _____ Cell: _____
Email: _____



Please list the names of people that are authorized to pick up and transport your child in the case of a personal emergency or community disaster. Please list as many as possible.

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have a telephone number of a relative living out of state who could receive a message, please fill in below:

Name	Relation	Area Code	Phone Number
_____	_____	_____	_____

I hereby authorize the school to release my child to any of the above persons if I'm not available

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I (We) authorize Centennial Middle School, an adult who resides at 305 E 2320 N Provo, Utah 84604, to consent to any X-ray, examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under general or special supervision and on the advice of physician or surgeon licensed to practice in the state of Utah, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. I agree to assume all financial responsibility for services provided my child. This is to be effective upon the date of any occurrence requiring the exercise of power of attorney, unless revoked by me in writing. This authorization shall not be affected by my death or disability.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



The following information could be vital to emergency medical care personnel in case of a community disaster:

Child's doctor or medical group: _____ Phone: _____

Does your child have any chronic illnesses or allergies/asthma? Yes _____ No _____

Explain: _____

Is your child allergic to any medication? Yes _____ No _____

Name(s): _____

Is your child currently taking any medications? Yes _____ No _____

Name(s): _____

Other concerns: _____
