

**ST. DUNSTAN CATHOLIC SCHOOL**

**Emergency Release Form**

School Year 2009-2010

Student's Name:	Date of Birth:	Grade:
Complete Home Address:	Home Phone Number	

Child Resides with:     Both Parents     Mother     Father     Guardian     Foster Parent

Father's Name:	Home Phone:
Home Address: (if not the same as child's)	Work Number:
E-Mail Address:	Cell Phone Number:
Mother's Name:	Home Phone:
Home Address: (if not the same as child's)	Work Number:
E-Mail Address:	Cell Phone Number:
Siblings at School:	

**AUTHORIZED PEOPLE TO WHOM MY CHILD/CHILDREN CAN BE RELEASED**

(Other responsible person may be designated by School Personnel)

Name:	Emergency Phone Numbers:
Name:	Emergency Phone Numbers:
Name:	Emergency Phone Numbers:

**MEDICAL INFORMATION**

Primary Physician's Name:	Phone Number:
Hospital:	Allergies:
Medications used on regular basis:	

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date