

**ROCHESTER CITY SCHOOL DISTRICT
EMERGENCY INFORMATION/STUDENT RELEASE FORM**

Name of Student _____ (Last) _____ (First) _____ DOB _____

Home Address _____

Mother/Guardian _____ Phone #'s _____
(Home) (Other)

Address if different from above _____

Father/Guardian _____ Phone #'s _____
(Home) (Other)

Address if different from above _____

Other children in this school (first and last names): _____

EMERGENCY INFORMATION

In the event of emergency, illness, or injury, the person listed below will be contacted for care and transportation:

_____ at _____
(Name) (Relationship) (Phone #'s)

_____ at _____
(Alternate Name) (Relationship) (Phone #'s)

Student's Physician _____ at _____
(Name) (Phone #'s)

Student's Dentist _____ at _____
(Name) (Phone #'s)

Hospital/Clinic Preference (when possible) _____ at _____
(Phone #'s)

Student's Medical Insurance Carrier _____

STUDENT RELEASE INFORMATION

In order to insure the safety of your child, please list responsible adults your child may be released to by school personnel.

Name	Relationship	Phone #'s

_____ Parent/Guardian Signature

_____ Date

