

Parent's Last Name

Student's Last Name

Home Address

City

Home Phone

Alpine School District  
**EMERGENCY & RELEASE INFORMATION**

Occasionally a student may become ill or have an accident while at school. This may necessitate contacting the guardian or seeking medical attention for the student. The information you provide below will allow us to care for your child in case of an emergency. **Registration is not complete without this signed form.** *List your students attending this school, oldest first.*

**Student Information**

<i>Last Name</i>	<i>First Name</i>	<i>M/F</i>	<i>Grade</i>	<i>Teacher</i>	<i>Birth Date</i>	<i>List any Health Problems</i>

**Parent Information**

<i>Name (please print name)</i>	<i>Employer</i>	<i>Work Phone</i>	<i>Cell Phone</i>	<i>E-mail Address</i>
<b>Father:</b>				
<b>Mother:</b>				
<b>Legal Guardian:</b>				
<b>Step Father:</b>				
<b>Step Mother:</b>				

Alpine School District requires a **legal guardian or a person authorized by the guardian** to sign for your student to be released from school during the day. Please include individuals you authorize to pick up your child from school when you cannot be contacted. If someone who is not listed below comes to check out your student **we will not** be able to release them. *Non-custodial parent's name must be written below for non-custodial parent to check this student out.*

**Local Emergency Contacts (the individuals listed below are authorized to check out my student from school):**

<i>Name</i>	<i>Street</i>	<i>City, State, Zip</i>	<i>Phone</i>	<i>Relationship</i>

*In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is deemed necessary.*

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there information on file preventing certain individuals from checking this student out? Yes \_\_\_ No \_\_\_

I have read and understand the information included on this form. Furthermore, I accept financial responsibility for all accident/illness-related costs and I agree to the emergency procedures outlined above.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Relationship to the student

*I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the student(s) above. Falsifying any of the above information could result in legal action.*

**Please notify the school office of any changes regarding this information.**