

EMERGENCY CONTACT FORM

RELEASE OF INFORMATION



TODAY'S DATE:

Date Processed (IICHS Use ONLY):

Student's Name:	
Current Grade:	
Emergency Contact #1 <i>(please print)</i>	
Name:	Relationship to Student:
Telephone Number:	Phone Type: <i>(circle one)</i> Mobile Home Work
Emergency Contact #2 <i>(please print)</i>	
Name:	Relationship to Student:
Telephone Number:	Phone Type: <i>(circle one)</i> Mobile Home Work
Emergency Contact #3 <i>(please print)</i>	
Name:	Relationship to Student:
Telephone Number:	Phone Type: <i>(circle one)</i> Mobile Home Work

PARENT/GUARDIAN SIGNATURE	
Parent/Guardian Name (Please Print):	Parent/Guardian Signature:

*****THE SECTION BELOW IS FOR ADMINISTRATIVE USE ONLY*****

RELEASE OF INFORMATION / PARENTAL DESIGNEE (Requires a Meeting with Administration)

The individual listed below has been designated by the undersigned parent(s)/guardian(s) to 1) have access to all student information and records (including permission to discuss confidential student information with school staff), 2) serve as an emergency contact to whom the student may be released in case of illness or other emergency, and 3) grant parental permission for the student in lieu of the parent(s)/guardian(s). Please note that **ONLY THE PARENT(S) / GUARDIAN(S) of record may change any official student information** (i.e. addresses, contact information, etc.)

Name of Designee: (PRINT)	Relationship to Student:
Telephone Number:	Email:
Address	
Authorized by:	