

Mary R. Fisher Elementary School Emergency Contact/Release Information

Student Name: _____ Grade: _____ Teacher: _____

Parent/Guardian #1: _____ Home Phone# _____

P.O. Box _____ Address _____ Cell# _____

Place of Employment: _____ Work# _____

Email: _____

Parent/Guardian #2: _____ Home Phone# _____

P.O. Box _____ Address: _____ Cell# _____

Place of Employment: _____ Work# _____

Email: _____

List 2 people, other than parent or guardian, the school may call in the event of an emergency and no one can be reached.

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

In the event of an UNSCHEDULED RELEASE, my child will be dismissed as follows:

(#1, #2 or #3 **MUST** BE CHECKED)

1. _____ Bus to home address

2. _____ Name and address for alternate bus drop-off (i.e. grandparent, aunt, uncle, friend)

Name: _____ Address: _____

3. _____ Parent Pick-Up (Contact information of authorized person picking up at school):

Name: _____ Phone: _____

Parent/Guardian Signature

Date

*Please notify the office of any changes to the above information throughout the year

Thank you for helping make this a safe release from school to home!