

Calvary Christian Academy  
Happy Day Child Care Center

**EMERGENCY & RELEASE FORM**

Student's Full Name: \_\_\_\_\_ Class \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Student's Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

List the name and phone number of those who are authorized to pick up your child or can be called if we are unable to contact either parent:

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any allergies, chronic illnesses or medications: \_\_\_\_\_

*Your child will only be released to those listed above. For the safety of our students, identification may be required. By signing below, you authorize the school to take such emergency measures as are necessary in the event that none of the above can be reached. **\*\*Note: If one or both of the student's parents do not have a legal right to pick up the child, the school MUST have documentation stating such in order to enforce.***

Does the mother have the legal right to pick up the child? Yes No (circle) Does the father? Yes No (circle)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_