Extreme Emergency Consent Form

Child's Name_____Date of Birth_____

If for any reason there's an extreme emergency in which something happens to the parents of the enrolled child, we would like to make sure we have a list of family members that we may contact.

Name_____ Relationship to child_____

Address_____

Phone#_____

Name_____ Relationship to child_____

Address_____

Phone#_____

Name_____ Relationship to child_____

Address_____

Phone#_____

Do you give permission for your child to be released to the above contact?
___yes ___no

Parent signature_____Date_____