

EMERGENCY DISMISSAL CONSENT 2017 - 2018

Child's First Name: _____ Last Name: _____

List 2 adults (other than parents) to whom your child may be released in case of illness, injury, or an emergency while at school and you cannot be reached. Ideally, these persons can arrive at Thunderbird within 15 minutes.

1. Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Primary Phone: _____ Alternate Phone: _____

2. Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Primary Phone: _____ Alternate Phone: _____

More persons to whom your child may be released. These persons would be contacted in an extreme emergency and only after parents and the primary contacts above could not be reached.

3. Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Primary Phone: _____ Alternate Phone: _____

4. Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Primary Phone: _____ Alternate Phone: _____

5. Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Alternate Phone: _____ Alternate Phone: _____

6. Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Primary Phone: _____ Alternate Phone: _____



Parent Signature: _____ Date: _____