Parent's Last Name				Student's Last Name			
Home Address		City				Home Phone	
	Alpine	Scho	ol D	District 1	High Schoo	ol	
	EMERGE	NCY	& F	RELEA	ASE INFO	ORMATION	
cting the guardian o	r seeking medical	attenti	on fo	or the stu	dent. The inf	• -	de below will allo
s to care for your chi					non is not co	mpiete without thi	s signed form.
ist your students atte		, olaest	first	•			
TUDENT INFORM AST NAME	ATION FIRST NAME	М	M/E	GRADE :	BIRTH DATE	PLEASE LIST ANY I	JE∆ITH DD∩RI EM
ASI NAME	FIRST NAME	IVI .	IVI/ F	GRADE	DIKIRDALE	PLEASE LIST ANT I	1EALI II PRODLEM
ARENT INFORMA	ΓΙΟΝ			-	-	+	
NAME		EM1	PLOY	ZER V	VORK PHONE	CELL PHONE	E-MAIL ADDRES
ATHER:							
OTHER:							
UARDIAN:	District assessing	. 1 1		. 1:		41	
Aipine School our student to be rele	-	_	_		-	thorized by the gu	_
take your child who		_		•		•	
udent we will not be	•						J
The individual	ls listed below are	author	ized	to check	out my stud	ent from school:	
Name:]	Phone:		Relationship:	
Name:]	Phone:		Relationship:	
Name:		Phone:				Relationship:	
Name:		Phone:				Relationship:	
	U				in the case of	f an emergency, the	school will call a
ambulance on the ne	aramedics if it is f		_				
=	Name:					Phone:_	
=							
_		g certai	n inc	lividuals	from checki	ng this student out?	yesno

Signature of parent or guardian Relationship to the student I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the students(s) above. Falsifying any of the above information could result in legal action.