

# LOVE & TRUTH CHRISTIAN ACADEMY

169 N. Washington Avenue, Bergenfield, NJ 07621 • 201-406-6784

August 22, 2015

## EMERGENCY RELEASE FORM

PARENT/LEGAL GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: CELL PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

HOME PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

WORK PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE (AND PLACE): \_\_\_\_\_

CHILD'S SOCIAL SECURITY #: \_\_\_\_\_

LIST ALL KNOWN MEDICAL CONDITIONS, INCLUDING FOOD ALLERGIES AND OR/ DRUG ALLERGIES. IN ADDITION, INCLUDE ANY PRESCRIBED DRUGS TAKEN REGULARLY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN AN EMERGENCY, PLEASE CONTACT: \_\_\_\_\_

RELATIONSHIP WITH CHILD: \_\_\_\_\_

PHONE NUMBERS: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

OR CONTACT: \_\_\_\_\_

RELATIONSHIP WITH CHILD: \_\_\_\_\_

PHONE NUMBERS: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### STATEMENT OF CONSENT:

*In the event of an emergency or non-emergency situation, I, \_\_\_\_\_, hereby grant permission for my child to be released due to any weather-related affair(s) or illness(es), until such time as I can be contacted.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_