

**EMERGENCY CONSENT FORM**

IF WE ARE UNABLE TO REACH YOU IN THE EVENT OF A MAJOR EARTHQUAKE OR OTHER DISASTER THE FOLLOWING INFORMATION WILL BE USED:

**WE, THE PARENTS OF \_\_\_\_\_ GIVE PERMISSION FOR OUR CHILD TO BE RELEASED TO: (MUST HAVE AT LEAST 3 CONTACTS). THREE (3) CONTACTS WITH 3 DIFFERENT NUMBERS IS REQUIRED!**

1. NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

3. NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

**IN THE EVENT THAT NONE OF THE ABOVE-NAMED INDIVIDUALS IS AVAILABLE PLEASE:**

\_\_\_\_ RELEASE MY CHILD TO ANY ADULT WHOM HE/SHE RECOGNIZES FAVORABLY

\_\_\_\_ DO NOT RELEASE MY CHILD TO ANYONE NOT NAMED ABOVE

I UNDERSTAND THAT IF NO RECOGNIZABLE ADULTS ARE AVAILABLE AND THAT IF SAFETY REQUIRES IT, MY CHILD MAY BE TRANSPORTED BY WHITE MEMORIAL ADVENTIST SCHOOL TO A CENTRAL LOCATION DESIGNATED BY THE SCHOOL. IN CASE OF DOUBT, THE STAFF RESERVES THE RIGHT TO REFUSE RELEASING THE CHILD TO ANYONE OTHER THAN A PARENT.

**AFTER SCHOOL MY CHILD IS TO: (CHANGES WILL NOT BE ALLOWED WITHOUT WRITTEN NOTICE BY PARENT)**

\_\_\_\_ WALK HOME *Permission to walk home alone is attached* \_\_\_\_ GO TO DAYCARE \_\_\_\_ GO HOME WITH: \_\_\_\_\_

**AS STATED IN THE HANDBOOK: "ALL STUDENTS MUST BE SUPERVISED BY AN ADULT AFTER SCHOOL AS REQUIRED BY OUR SCHOOL INSURANCE POLICY. ANYONE ON CAMPUS ONE-HALF HOUR AFTER DISMISSAL TIME IS REQUIRED TO SIGN INTO DAYCARE. LOITERING AT THE SCHOOL, ON THE STREET, IN THE PARKING LOTS OR IN OTHER UNSUPERVISED AREAS IS NOT ALLOWED. FINES AND DISCIPLINARY ACTION WILL BE IMPOSED ON STUDENTS NOT COMPLYING WITH THESE GUIDELINES."**

**UNDER NO CIRCUMSTANCE IS MY CHILD TO BE RELEASE TO THE FOLLOWING PERSON/S:**

NAME \_\_\_\_\_ REASON: \_\_\_\_\_

**DESCRIBE ALL MEDICAL CONDITIONS/ALLERGIES AND TREATMENT (IE: MEDICATION)**

1. \_\_\_\_\_ TREATMENT \_\_\_\_\_

2. \_\_\_\_\_ TREATMENT \_\_\_\_\_

**DATE OF LAST TETANUS (DTP/DT) SHOT — AS LISTED ON THE YELLOW IMMUNIZATION CARD**

MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

**LOCAL FAMILY PHYSICIAN/S TO BE CALLED IN CASE YOUR SON OR DAUGHTER BECOMES ILL OR HAS AN ACCIDENT AND YOU CANNOT BE REACHED**

1. FAMILY PHYSICIAN \_\_\_\_\_ OFFICE TELEPHONE \_\_\_\_\_

IF EMERGENCY SERVICE INVOLVING MEDICAL ACTION OR TREATMENT IS REQUIRED AND NEITHER THE PARENT NOR THE FAMILY PHYSICIAN CAN BE REACHED FOR CONSENT, THE PARENTS HEREBY CONSENT TO THE RENDERING OF SUCH EMERGENCY MEDICAL SERVICE FOR THE ABOVE NAMED STUDENT AS SHALL BE NECESSARY IN THE OPINION OF THE DOCTOR RENDERING THE SERVICE. THIS AUTHORIZATION IS GIVEN PURSUANT TO THE LOCAL STATE CIVIL CODE.

**SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_**