Emergency Release Form for Child

1. Child Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Address:** _____
- **School/Daycare Name:** _____

2. Guardian Information

- **Parent/Guardian Name:** _____
- **Relationship to Child:** _____
- **Contact Number:** _____
- **Alternate Contact:** _____

3. Emergency Contacts

- **Primary Contact Name:** _____
- **Phone Number:** _____
- **Secondary Contact Name:** _____
- **Phone Number:** _____

4. Authorization
☐ I authorize emergency medical care for my child.
☐ I consent to transportation of my child during an emergency.

5. Medical Information

- **Allergies:** _____
- **Medications:** _____
- **Known Medical Conditions:** _____

6. Acknowledgment

I certify that I am the legal guardian of the child and agree to the terms above.

- **Parent/Guardian Signature: _____ Date: _____**