Emergency/Escort Release Form

Child’s Name: D/O/B: D/O/A:

Mother/Guardian: Phone #:

Father/guardian: Phone #:

Order of Protection Yes No

Emergency/Escort Contacts

*Optional: please submit a photo ID of all designated individual.*

Children will be released only by designated person, 18 years of age or older. Your child will not be released to anyone not mentioned below.

1. Name: Relationship to Child:

Address: Phone #:

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Address: Phone #:

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Address: Phone #:

1. Name: Relationship to Child:

Address: Phone #:

Emergency Medical Care

Doctor/ Medical Home: Phone:

Dentist/Dental Home: Phone:

Health Insurance Provider: ID:

Known Medical Concern (allergies, asthma or other medical problems):

Religious Restriction:

In case of accident or injury, I authorize Elite with any and all emergency medical and Dental treatment advised by the physicians, or hospital necessary for the proper health and well-being of my child with the understanding that the family will be notified as soon as possible.

I also agree to review and update the above information whenever a change occurs.

Parent/Guardian’s Signature: Date: