

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

**Student:** (Please Print)

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Last Name

First Name

Middle Name

**Parent/Guardian:** (Please Print)

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Last Name

First Name

Middle Name

In case of serious illness or injury, if a parent and/or guardian or emergency number cannot be reached:

I Do \_\_\_\_\_

I Do Not \_\_\_\_\_

Give permission for the school to take my child to the Hospital, the Doctor, call the Doctor or do whatever is deemed necessary.

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Date

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Signature of Parent or Guardian

**Inclement Weather Emergency**

In the event that inclement weather constitutes an early dismissal from school, please indicate one of the following options for your child:

\_\_\_\_\_ Send Child Home/Day Care as usual

\_\_\_\_\_ Keep child at school, notify parent and parent will pick up at the designated time of emergency dismissal.

\_\_\_\_\_ Other \_\_\_\_\_