

TWIN OAKS COUNTRY DAY SCHOOL
EMERGENCY CONTACT AND RELEASE INFORMATION
Your child will ONLY BE RELEASED to those listed on this form—Proper ID must be shown

Name: Student (1) _____
LAST FIRST

(2) _____
LAST FIRST

_____ MOTHER'S NAME WORK / DAYTIME TELEPHONE CELLULAR / BEEPER TELEPHONE

_____ FATHER'S NAME WORK / DAYTIME TELEPHONE CELLULAR / BEEPER TELEPHONE

In the event of emergency, if neither parent can be reached, please contact the following:

_____ 1st Alternate's Name Relationship Address Telephone Number

_____ 2nd Alternate's Name Relationship Address Telephone Number

My child may be released to the following people:

_____ Name Relationship Address Telephone Number

_____ Name Relationship Address Telephone Number

If a parent is not home when the child is brought home by the bus, the child will be dropped off at a neighbor agreed upon by both parent and school:

_____ Name of Neighbor Address Telephone Number

_____ Name of Doctor Address Telephone Number

Parent's Signature: _____ Date: _____