

**St. Rose Philippine Duchesne School**  
*"The Shining Star: Enlightening Minds, Reflecting Faith"*  
**Emergency Release Form**

FAMILY NAME: \_\_\_\_\_ DATE \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE(S): \_\_\_\_\_

\_\_\_\_\_ CELL PHONE(S): \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE & HOMEROOM TEACHER \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, I hereby give my permission for my child/ren to be released to the following:

1. \_\_\_\_\_  
Name Address Phone Number

2. \_\_\_\_\_  
Name Address Phone Number

3. \_\_\_\_\_  
Name Address Phone Number

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

LOCAL PHYSICIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

OFFICE PHONE #: \_\_\_\_\_ DR. EMERGENCY PHONE #: \_\_\_\_\_

SIGNATURE PARENT/GUARDIAN: \_\_\_\_\_

Remarks, allergies, medical conditions: \_\_\_\_\_

\_\_\_\_\_