

Bus # _____
 Walker _____

Grade _____
 Home Room _____

**CHARIHO REGIONAL SCHOOL DISTRICT
 EMERGENCY CONSENT TO RELEASE FORM**

STUDENT INFORMATION

Student Last Name	First Name	Middle	Date of Birth
Student Residence Street Address	Apt #	Town of Residence	Home Phone
Student Mailing Address Street/PO BOX		City	State Zip

PARENT/GUARDIAN INFORMATION

Student Lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other			
Student Lives with (Name #1)	Relationship	Date of Birth	Cell Phone
Employer	Work Phone	Email Address	
Student Lives with (Name #2)	Relationship	Date of Birth	Cell Phone
Employer	Work Phone	Email Address	

NON-CUSTODIAL PARENT INFORMATION (ATTACH COPIES OF LEGAL AND/OR RESTRAINING ORDER DOCUMENTS TO THIS FORM)

Is there a custodial agreement in place? <input type="checkbox"/> None <input type="checkbox"/> Joint <input type="checkbox"/> Sole	Is there a restraining order? <input type="checkbox"/> No <input type="checkbox"/> Yes	Expiration Date	
Name	Relationship	Date of Birth	Email Address
Mailing Address Street/PO BOX		City	State Zip
Employer	Work Phone	Cell Phone	Home Phone <input type="checkbox"/> Report Cards <input type="checkbox"/> Progress Reports

EMERGENCY CONTACTS

Other than the parents/guardians listed above.
 ONLY the following individuals may be notified and are authorized to accept responsibility for this child's
 care in case of illness/emergency or in the case this child is to be dismissed before the close of school.

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

Chariho will utilize One Call Now in the event of early closing of schools. In the event that no one is at home, my child has been instructed to follow this contingency plan:

MEDICAL INFORMATION

Medical Problems	
Medications	<input type="checkbox"/> Given Daily <input type="checkbox"/> Given as Needed
Authorization for School Nurse to Administer	<input type="checkbox"/> Tylenol <input type="checkbox"/> Advil <input type="checkbox"/> Antacids Doses appropriate for age and weight
Local Physician's Name	Address Office Phone

Signature of Parent/Guardian

It is your responsibility to keep the school advised of any changes

Date