



**Release/Emergency Contact Form-**  
**2021-2022**

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name and Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Work Address and Phone: \_\_\_\_\_

Parent Name and Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Work Address and Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List 3 other names and phone numbers to be contacted in case of an emergency:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Child may be released to: \_\_\_\_\_

I/We the Parent/Guardian of the above named child, give our permission for him/her to be taken to the Connecticut Children's Medical Center if the necessity arises and the QLCNS teaching staff cannot reach us or the child's doctor. We further give our permission for any of the above named individuals to remove our child from the premises of the school if an emergency as except as described above.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_