

LAKESIDE SCHOOL

EMERGENCY CONTACT/RELEASE AUTHORIZATION FORM

Effective August 13, 2010 - August 12, 2011

Student Name: _____ Grade: _____

PRIMARY EMERGENCY CONTACTS

In an emergency, Lakeside School will try first to contact the parent/guardian listed below, followed by alternate emergency contacts in order listed. For Upper School emergency notification purposes, please enter your Upper School student's cell phone number: _____.

Student Name (first, last) _____ Grade _____

HOUSEHOLD #1			HOUSEHOLD #2		
Parents/Guardians:			Parent/Guardian:		
Address:			Address:		
City, State, Zip:			City, State, Zip:		
Home Phone:			Home Phone:		
Work Phone(s):			Work Phone(s):		
Cell Phone(s):			Cell Phone(s):		
E-mail(s):			E-mail(s):		

ALTERNATE LOCAL EMERGENCY CONTACTS [AT LEAST ONE MUST BE FILLED IN]

Name: _____ Relationship to student: _____

Home phone: _____ Cell: _____ Work: _____

Name: _____ Relationship to student: _____

Home phone: _____ Cell: _____ Work: _____

OUT-OF-STATE EMERGENCY CONTACT

Please list a friend or family member who lives out of state whom Lakeside may call/email with information in case local telephone service is interrupted.

Name: _____ Relationship to student: _____

Phone(s): _____ Cell phone: _____ Email: _____

EMERGENCY OR EARLY DISMISSAL RELEASE

If Lakeside needs to close early or the student needs to be released for any reason, the school needs to know the plan that exists for the student to leave campus. If there is no plan in place and the school must close early, the student must remain on campus until the parent/guardian comes to pick him/her up. If one of the authorized options below is not available, or, in the judgment of the school, the option is neither safe nor reasonable, the student will remain on campus.

(I) (We) authorize release of _____ to any of the above alternate emergency contacts Yes No

(I) (We) authorize release of _____ to drive his/her vehicle from school to home. Yes No

(I) (We) authorize _____ to ride with fellow student(s) _____

FOR ATHLETICS:

Please indicate your preference for one or all of the three possible transportation arrangements.

- 1) My child may drive to and from school athletic practices and contests. Yes No
- 2) My child may drive* other students to and from school athletic practices & contests. Yes No
- 3) My child may ride* with a student driver to and from school athletic practices & contests. Yes No

*Please note: Under the Intermediate Driver's License Law, new drivers are not allowed to carry passengers under the age of 20 (except members of their own families) for six months. After that, new drivers can carry no more than 3 passengers under the age of 20 until they are 18.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____