



Kehoe-France Northshore

INFORMATION, FIRST AID/MEDICAL RELEASE FORM

	Child 1: _____	Grade: _____
Last Name (Please Print)	Child 2: _____	Grade: _____
	Child 3: _____	Grade: _____
	Child 4: _____	Grade: _____

Parent 1 Name _____		Parent 2 Name _____	
Cell	_____	Cell	_____
Work	_____	Work	_____
Email	_____	Email	_____

Emergency Contacts: *Please note that your child will not be released to anyone other than those listed below:*

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

In case of injury 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 and/or release my child(ren) to the persons indicated above and/or secure emergency medical treatment.

Signature of Parent/Guardian: _____

List/explain any medical conditions or known allergies:

Child's Name: _____

Conditions: _____

Child's Name: _____

Conditions: _____

Child's Name: _____

Conditions: _____