## LAKESIDE SCHOOL

## EMERGENCY CONTACT/RELEASE AUTHORIZATION FORM

## Effective August 13, 2010 - August 12, 2011

	Student Name:		Grade:
PRIMARY EMERGENCY CO	ONTACTS		
In an emergency, Lakeside Scho			ernate emergency contacts in order listed.
Student Name (first, last)		Grade	
HOUSEHOLD #1		HOUSEHOLD #2	
Parents/Guardians:		Parent/Guardian:	
Address:	I	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 EMER	GENCY CONTACTS [AT LEAST ON	NE MUST BE FILLED IN]	
Name: Relationship to student:			
Home phone:	Cell:	Work:	
Name:		Relationship to student:	
Home phone:	Cell:	Work:	
interrupted.	mber who lives out of state whom Lake		on in case local telephone service is
Phone(s):	Cell phone:	Cell phone: Email:	
EMERGENCY OR EARLY D	YOM WOOLA DEVELOP		
If Lakeside needs to close early leave campus. If there is no plan him/her up. If one of the authoristudent will remain on campus. (I) (We) authorize release of	or the student needs to be released for a	ly, the student must remain on campin the judgment of the school, the op to any of the above alternate	ous until the parent/guardian comes to pick ption is neither safe nor reasonable, the
	to ride with fellow student(s)		
FOR ATHLETICS:	to fluc	with tenow student(s)	
	for one or all of the three possible trans	portation arrangements.	
<ul><li>2) My child may drive* of</li><li>3) My child may ride* w</li><li>*Please note: Under the Int</li></ul>	o and from school athletic practices and other students to and from school athlet ith a student driver to and from school termediate Driver's License Law, new of lies) for six months. After that, new dri	ic practices & contests.	
Parent/Cuardian Name		rdian Signature.	Data.