

**Kings Mountain Elementary School  
Emergency Contact and Release Authorization Form**

**Student Name:** \_\_\_\_\_ **Teacher/Grade** \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

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

Home Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

**Medical Needs/Medications Required/Allergies:**

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital/Medical Facility Preferred: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**In case of emergency, I give the school permission to release my child to any of the following:**

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

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

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

4. \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To be filled out when releasing child to authorized parent or person following an emergency:

**Staff person releasing student:** \_\_\_\_\_ **Time of release** \_\_\_\_\_

**Name/Signature of person picking up student:** \_\_\_\_\_