ELKO COUNTY SCHOOL DISTRICT EXTRA-CURRICULAR PROGRAM EMERGENCY INFORMATION FORM

Student's Name			
Date of Birth			
Parent/Guardian Name			
Address			
Home Telephone			
Cell PhoneNumber			
Mother's Business Phone			
Father's Business Phone			
Two persons you recommend v	ve call in the event you canno	t be reached:	
1.	Phone		
2	Phone		
Preference of physicians: (Pleas	se include name, telephone nu	umber and address.)	
1. Name	Phone	Address	
2. Name	Phone	Address	
If neither physician is available available physician? Yes Preference of Hospital	No	·	a hospital or
Medical history and physical lin			
Insurance: School	Family-Name	of Company	
Student Signature		Da	ate
Parent Signature		Da	ate
The Elko County School District or disability.	does not discriminate on the	basis of race, color, na	ational origin, sex, age

Participation Fee \$20.00 ____

ECSD Request for Release of Student to Parent

STUDENT:		DATE:
ACTIVITY:		PLACE:
(Football, Band, FF.	A, Track, Wrestling, e	tc.) PLACE: (Adobe, Well, SCMS, etc.)
a trip for a school-s requests the Distric	sponsored activity. T ct to release the Stud uch release, the Distr	County School District and its employees ("District") on ne undersigned parent/legal guardian of the Student ent into the custody of the undersigned personally. ict shall have no further custody, care, responsibility or
SIGNATURE		DATE
	(Parent or Legal G	iuardian)
//*/*/*/*/*/*	/*/*/*/*/*/*/*/*/	*/
Approval by Admir	nistrator	
SIGNATURE		DATE
	REQUEST FOR RELEA	SE OF STUDENT TO ANOTHER ADULT in the custody of the Elko County School District and its
student(s) name(s)		red activity, namely
In	on	School Name and Activity We the parents of said student request the
District to release r	my (our) child(ren) in	to the custody of
	uch release, the Distr ct to this (these) stud	Name of Person being released top ict shall have no further custody, care, responsibility or ent(s).
Signature of Paren	t	Date